

Please bring to the exam room to review with the doctor

Step 1: For the parent/patient to fill out

Have you smoked a cigarette, even a puff, in the last 30 days?

Yes No

Would you like to receive FREE resources from the Tobacco Quitline?



Yes No Not sure

Would you like nicotine patch and gum to help you cut down or quit smoking?




Yes No Not sure

Step 2: For office use (EMR Entry)

Document Tobacco Use/Exposure

-  Tobacco users: Mother Father Patient Other
- Smoke-free home rule: Yes No
-  Smoke-free car rule: Yes No No car

Document Services Provided

-  Prescription given for patch and/or gum
-  Enrolled in the Quitline
- Enrolled in SmokefreeTXT
-  Set a quit date for _____

Code 989.84 to document parental tobacco use/assistance (Toxic effect of tobacco)

Code 305.1 to document teen tobacco use/assistance (Tobacco use or dependence)

TEAR HERE TEAR HERE TEAR HERE TEAR HERE

Call 1-800-784-8669 for free help quitting
OR

Text the word **"QUIT"** (7848) to **IQUIT** (47848) for free help.

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Name _____ Date _____

Address _____ D.O.B. _____

Nicotine patch (check strength)

21mg 14mg 7mg

Apply 1 patch for 16-24 hours each day

Dispense 2 months supply

Refill NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank.

May substitute

Name _____ Date _____

Address _____ D.O.B. _____

Nicotine gum

4mg

Chew one piece every 1-2 hours

Dispense 2 months supply

Refill NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank.

May substitute