



Greater New Bedford
Community Health Center, Inc.

874 Purchase Street
New Bedford, MA 02740

Tobacco Treatment Enrollment

A Collaboration of the Mass. Department of Public Health & Mass. Health Plans

Tobacco Treatment Checklist

- ADVISE** smoker to stop: Stop-smoking advice given: "I strongly advise you to quit smoking and I can help you."
- ASSESS** readiness to quit: Ready to quit Thinking about quitting Not ready to quit
- ASSIST** to quit: Brief counseling Reasons to quit • Barriers to quitting • Lessons from past quit attempts • Set quit date, if ready • Enlist social support
- Medication if appropriate
Nicotine Replacement: patch gum lozenge inhaler nasal spray Other: Bupropion (Zyban®/Wellbutrin SR®)
- ARRANGE** follow-up: Refer to Try-To-STOP TOBACCO Resource Center
by faxing the lower portion of this form toll-free to 1-866-560-9113.

Fax this part of the form to 1-866-560-9113.

TRY-TO-STOP TOBACCO RESOURCE CENTER OF MASSACHUSETTS

Massachusetts Resident Enrollment Form

REFERRAL SOURCE/FOLLOW-UP CONTACT

| | | |
|--------------------------|--|----------------------------|
| referred by | NAME <u>DAPHNE CARVALHO, BSN RN CTTS-M GRETCHEN POHL, TTS</u> | phone (area code + number) |
| | FACILITY <u>GNBCHC TOBACCO TREATMENT PROGRAM</u> | (508) 992-6553 |
| | ADDRESS <u>874 PURCHASE ST, NEW BEDFORD, MA 02740</u> | fax (area code + number) |
| | | (508) 999-5457 |
| follow-up report contact | <u>DAPHNE CARVALHO, GRETCHEN POHL</u> | phone (area code + number) |
| | | (508) 992-6553 |
| | | fax (area code + number) |
| | | (508) 999-5457 |

PATIENT

| | | |
|--------------------------------------|---|--|
| first name | last name | date of birth (month/day/year) |
| phone (area code + number) () | May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no | language preference (check): <input type="checkbox"/> English <input type="checkbox"/> Spanish other (specify) _____ |
| email address | | |
| client address | city | state zip |

PRIMARY INSURANCE – check one

MASS HEALTH/MEDICAID Check one: PCC Plan BMC Health Net Fallon Neighborhood Health Plan Network Health Fee for Service

MEDICARE SUPPLEMENTAL PLAN Blue Cross Blue Shield MA Harvard Pilgrim Tufts Health Plan Fallon

COMMERCIAL INSURANCE Check one: Blue Cross Blue Shield MA Harvard Pilgrim Tufts Health Plan Neighborhood Health Plan

UNINSURED Fallon Other _____

THE RESOURCE CENTER USUALLY CALLS THE CLIENT WITHIN 3 BUSINESS DAYS OF RECEIVING A REFERRAL. WHEN SHOULD WE CALL?

check all that apply: morning afternoon evening no preference

I, _____, hereby authorize Try-To-STOP TOBACCO Resource Center of Massachusetts, (the "Resource Center"), and its representatives to disclose information about me to:

- 1) the American Cancer Society Quitline to the extent necessary to allow me to participate in its tobacco cessation counseling program; and
- 2) my primary care provider or other provider ("Provider") I designate to the Resource Center to the extent the Resource Center deems necessary to give my Provider an update of my progress in attempting to stop smoking.

I authorize my Provider to release the information on this enrollment form to the Resource Center for purposes of my participation in the QuitWorks program. I also authorize the Resource Center and its representatives to contact me upon receiving this referral from my Provider.

SIGNATURE OF QUITWORKS CLIENT OR CLIENT'S REPRESENTATIVE

DATE

PRINTED NAME OF QUITWORKS CLIENT REPRESENTATIVE

RELATIONSHIP TO CLIENT

NICOTINE REPLACEMENT OPTIONS

PATCHES

| | | | |
|--|------------------|----------------------------------|----------------------------|
| Nicotrol [®] 15 mg | Initial: MAX: | 1 patch/16 hrs. Same as above | Treatment Duration: 8 wks. |
| Nicoderm [®] CQ 7 mg, 14 mg, 21 mg | Initial: MAX: | 1 patch/24 hrs. Same as above | Treatment Duration: 8 wks. |

GUM

| | | | |
|--------------------------------------|------------------|---|-------------------------------|
| Nicorette [®] 2 mg, 4 mg | Initial: MAX: | 1 piece every 1–2 hrs. 24 pieces/24 hrs. | Treatment Duration: 8–12 wks. |
|--------------------------------------|------------------|---|-------------------------------|

LOZENGE

| | | | |
|-------------------------------------|--|--|-----------------------------|
| Commit [®] 2 mg 4 mg | | 1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12) | Treatment Duration: 12 wks. |
|-------------------------------------|--|--|-----------------------------|

NASAL SPRAY

| | | | |
|--------------------------------------|------------------|--|------------------------------|
| Nicotrol [®] NS 10 mg/ml | Initial: MAX: | 1–2 doses/hr. 5 doses/hr. or 40 doses/day | Treatment Duration: 3–6 mos. |
|--------------------------------------|------------------|--|------------------------------|

INHALER

| | | | |
|--|------------------|--|------------------------------|
| Nicotrol [®] Inhaler 10 mg/cartridge | Initial: MAX: | 6–16 cartridges/day 16 cartridges/day | Treatment Duration: 3–6 mos. |
|--|------------------|--|------------------------------|

NON-NICOTINE MEDICATION

BUPROPION HCL SR

| | | | |
|---------------------------------|------------------|--|-------------------------------|
| Wellbutrin SR 150 mg tablets | Initial: MAX: | 150 mg/day (days 1–3) 300 mg/day (day 4+) 300 mg/day | Treatment Duration: 7–12 wks. |
|---------------------------------|------------------|--|-------------------------------|

VARENICLINE

| | | | |
|----------------------|------------------|---|---------------------------------------|
| Chantix [®] | Initial: MAX: | 0.5 mg/day (days 1–3) 0.5 mg/2x/day (days 4–7) 1.0 mg/2x/day (day 8+) 2 mg/day | Treatment Duration: Up to 12 weeks |
|----------------------|------------------|---|---------------------------------------|

Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Try-To-STOP TOBACCO Resource Center of Massachusetts or QuitWorks program.

Make smoking history.