



Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

A Collaboration of the Massachusetts Department of Public Health and Massachusetts Health Plans

ISLAND HEALTH CARE

Massachusetts' First Rural Health Clinic

BRIEF INTERVENTION GUIDE (for provider reference only)

- ADVISE to quit: Advise smoker to quit.
ASSESS readiness: 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
ARRANGE follow-up: Enroll in QuitWorks.

Massachusetts Enrollment Form

PROVIDER REFERRAL/FOLLOW-UP REPORT CONTACT

Referred by: PROVIDER NAME Island Health Care, FACILITY 245 Vineyard Haven Road in Edgartown, P.O. Box 1619, West Tisbury, MA 02575, ADDRESS
PHONE (AREA CODE + NUMBER) (508) 939-9358
FAX (AREA CODE + NUMBER) (508) 939-8644
Fax follow-up report to: NAME Allyson Thornton, PHONE (AREA CODE + NUMBER) (508) 939-9358, FAX (AREA CODE + NUMBER) (508) 939-8644

QUITWORKS CLIENT

FIRST NAME (), LAST NAME, DATE OF BIRTH (MONTH/DAY/YEAR)
PHONE (AREA CODE + NUMBER), EMAIL ADDRESS
May we leave a message? YES NO, Language preference (check) ENGLISH SPANISH OTHER (SPECIFY)
CLIENT ADDRESS, CITY, STATE, ZIP

WHEN SHOULD WE CALL? QUITWORKS USUALLY CALLS WITHIN 3 BUSINESS DAYS OF RECEIVING THE REFERRAL.

Check all that apply: MORNING / AFTERNOON / EVENING / NO PREFERENCE

PRIMARY INSURANCE - check one

- PRIVATE/COMMERCIAL: Blue Cross/Blue Shield MA, Harvard Pilgrim, Tufts Health Plan, Fallon, Health New England, Neighborhood Health Plan, Other
MASSHEALTH/MEDICAID: PCC Plan, BMC Health Net, Network Health, Fallon, Neighborhood Health Plan, Other MassHealth
COMMONWEALTH CARE: BMC Health Net, Network Health, Fallon, Neighborhood Health Plan
MEDICARE, UNINSURED
SUPPLEMENTAL MEDICARE: Blue Cross/Blue Shield MA, Fallon, Tufts Health Plan, Harvard Pilgrim, Other

PEDIATRICS ONLY

Relationship to client: MOTHER / FATHER / OTHER (SPECIFY)

I authorize this provider to release the information on this enrollment form to QuitWorks so that I may participate in the QuitWorks program. I also authorize QuitWorks and its representatives to disclose information about my progress in attempting to quit smoking to this healthcare provider and other follow-up contact designated by this provider.

SIGNATURE OF QUITWORKS CLIENT OR CLIENT'S REPRESENTATIVE

DATE

PRINTED NAME OF QUITWORKS CLIENT REPRESENTATIVE

RELATIONSHIP TO CLIENT

Copies of this form may be downloaded at WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

NICOTINE REPLACEMENT OPTIONS

PATCHES

* Nicoderm [®] CQ 7 mg, 14 mg, 21 mg	Initial: 1 patch/24 hrs. MAX: Same as above	Treatment Duration: 8 wks.
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*GUM

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

Commit [®] 2 mg, 4 mg	Initial: 1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12) MAX: 20 pieces/24 hrs.	Treatment Duration: 12 wks.
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NASAL SPRAY

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

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

BUPROPION HCL SR

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

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