



GETTING HEALTHY. STAYING HEALTHY. TOGETHER.
Massachusetts Department of Public Health

Site Code:

Tobacco Treatment Enrollment

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

Tobacco Treatment Checklist

- ADVISE 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®) Varenicline (Chantix®)
- 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 _____ FACILITY _____ ADDRESS _____	phone (area code + number) ()	fax (area code + number) ()
follow-up report contact		phone (area code + number) ()	fax (area code + number) ()
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: <input type="checkbox"/> PCC Plan <input type="checkbox"/> BMC Health Net <input type="checkbox"/> Fallon <input type="checkbox"/> Neighborhood Health Plan <input type="checkbox"/> Network Health <input type="checkbox"/> Fee for Service			
MEDICARE SUPPLEMENTAL PLAN <input type="checkbox"/> Blue Cross Blue Shield MA <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Fallon			
COMMERCIAL INSURANCE Check one: <input type="checkbox"/> Blue Cross Blue Shield MA <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Neighborhood Health Plan			
UNINSURED <input type="checkbox"/> <input type="checkbox"/> Fallon <input type="checkbox"/> Other _____			
THE RESOURCE CENTER USUALLY CALLS THE CLIENT WITHIN 3 BUSINESS DAYS OF RECEIVING A REFERRAL. WHEN SHOULD WE CALL?			
check all that apply: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening <input type="checkbox"/> 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 PATIENT OR PATIENT'S REPRESENTATIVE

DATE

PRINTED NAME OF QUITWORKS PATIENT REPRESENTATIVE

RELATIONSHIP TO PATIENT



MEN'S HEALTH PARTNERSHIP – FREE NICOTINE PATCHES AND SUPPORT TO QUIT SMOKING

QuitWorks offers free nicotine patches, free telephone support and referral to community programs (sliding scale fees) if requested to help patients quit smoking.

How it works: QuitWorks will contact patients by phone and screen them for eligibility to receive free nicotine patches and telephone support.

TO BE ELIGIBLE TO RECEIVE NICOTINE PATCH KITS, PATIENTS MUST PASS THESE ELIGIBILITY CRITERIA:

BASIC REQUIREMENTS

1. Must be a patient of the Men's Health Partnership enrolled in the QuitWorks program.
2. Must be 18 years or older.
3. a) Current smoker, or,
b) Quit, <24 hours and not using nicotine patches, or
c) Already Quit and using 14 or 21 mg. patches (and if stopped using patches, stopped only for 7 days or less).
4. Must be seriously planning to quit smoking in 30 days,
5. Wants the nicotine patch kit.

MEDICAL REQUIREMENTS

1. No heart attack within last 3 months,
2. No irregular or abnormal heart beat,
3. No new or increasing chest pains in the past month,
4. Not currently using Zyban, Bupropion, Wellbutrin, or Chantix,
5. Has never had an allergy to adhesive tape,
6. Will not use ANY FORM OF TOBACCO PRODUCT while using the nicotine patch.

FREE NICOTINE PATCH PROTOCOLS

Please advise patients that using the nicotine patch in conjunction with telephone or face-to-face support helps to increase their chances of quitting and staying quit.

Smoking status/ current Nicotine Patch use	Currently smokes ≥ 10 cigarettes a day	Currently smokes < 10 cigarettes a day	Weights <100 lbs *	Currently using 21 mg patches	Request to start with 14 mg patches **	Currently using 14 mg patches
Eligible for Nicotine Patch treatment	8 weeks	6 weeks	6 weeks	6 weeks	6 weeks	4 weeks
Nicotine Patch dosage and duration	4 weeks of 21 mg	4 weeks of 14 mg + 2 weeks of 7 mg	4 weeks of 14 mg + 2 weeks of 7 mg	4 weeks of 14 mg + 2 weeks of 7 mg	2 weeks of 14 mg + 2 weeks of 7 mg	4 weeks of 14 mg + 2 weeks of 7 mg
Eligible for additional Nicotine Patches	Re-screening in 3 weeks for: 2 weeks of 14 mg + 2 weeks of 7 mg					

* This protocol to be used regardless of number of cigarettes currently smoking.

** A patient may be started on the 14 mg Nicotine Patches if they advise that they have used the 21 mg patches in the past and did not feel well or tolerate the dosage.