



ENCOUNTER CHECKLIST

For Tobacco Users

Name: _____

Record Number: _____

DOB: _____

Encounter Dates: ____ / ____ / ____ / ____

Visit # 1 2 3 4

ADVISE smoker to stop: "As your healthcare provider, I strongly advise you to quit smoking. It's the single most important thing you can do to protect your health, and I can help you."

ASSESS readiness to quit:

Ready to quit

Target quit date: (/ /)

Thinking about quitting

Brief counseling using 5 R's:

Relevant Reasons: _____

Risks: _____

Rewards: _____

Roadblocks: _____

Not ready to quit

Repetition Relapse

ASSIST smoker to quit:

Smoking history: ____ # Cigarettes/Day ____ # Packs/Day ____ Years ____ # Quit Attempts

Household members: ____ Smokers ____ Non-smokers ____ Children

SYMPTOMS:

Cough: _____

Abnormal Sputum: _____

Wheeze: _____

Dyspnea: _____

Hemoptysis: _____

Asthma: _____

Withdrawal Symptoms: _____

Mood: Anxiety Depression Other: _____

MEDICATIONS:

Nicotine Replacement Therapy: Patch Inhaler Lozenge

Gum Nasal Spray

Bupropion SR: Tablets (Start 7 to 10 days before target quit date.)

Other: _____

ARRANGE follow up:

"I'll check back with you by (/ /)." (Set within first week after target quit date.)

"I'd like to give you some materials."

Proactive telephone counseling: 1-877-YES-QUIT & 1-877-937-7848

www.cancer.org

Practitioner's guide to reimbursement for smoking cessation therapy: www.endsmoking.org

