Tobacco Cessation Client Screening FORM

Name: ______________________________________
Phone #: ____________________________________
Date: _______________________________________
E-mail: ______________________________________

- Counseled re: Quitting Date: _____________________

Medical Coverage ____________________________________________
Carbon monoxide level: ______

- # packs per day (20 cigs per pack) x # years smoked = _______ pack years smoked

- # quit attempts
- longest quit time

Gender: [ ] Male  [ ] Female  Age: [ ] 18-24  [ ] 25-34  [ ] 35-44  [ ] 45-54  [ ] 55-64  [ ] 65+

### Please check all that apply.

#### Chronic conditions:

- Asthma
- Chronic bronchitis/ COPD
- Emphysema
- Sinusitis
- Heart Disease
- Cancer
- Stroke
- Tuberculosis/TB
- Diabetes
- Hypertension/ High blood pressure
- Osteoporosis
- Other chronic disease:

- No known chronic disease

#### List Medications:

- Antidepressants:
  - Amitriptyline (Elavil)
  - Nortriptyline (Pamelor)
  - Imipramine (Tofranil)
  - Clomipramine (Anafranil)
  - Fluvoxamine (Luvox)
  - Trazodone (Desyrel)

- Antipsychotics:
  - Fluphenazine (Prolixin)
  - Haloperidol (Haldol)
  - Olanzapine (Zyprexa)
  - Clozapine (Clozaril)
  - Chlorpromazine (Thorazine)

#### Contraindications to patch, gum, lozenge:

1. Heart attack in last 2 weeks
2. Hx of angina, chest pain from heart requiring medication.
3. Heart rhythm problem
4. Severe skin condition
5. Pregnancy/ lactating/ breastfeeding

If yes, refer to Dr. for pharmacotherapy.

#### Contraindications to Zyban:

1. Seizure disorder
2. Severe head injury
3. Severe eating disorder
4. Taking bupropion/ wellbutrin
5. Active alcoholism
6. Taking MAO inhibitor
7. Pregnancy/ lactating/ breastfeeding
8. Cirrhosis/ liver disease

#### Contraindications to Chantix:

1. Nausea and Vomiting
2. Pregnancy/ lactating/ breastfeeding
3. Severe kidney disease/ dialysis
4. unstable heart disease

**CAUTION:** be sure to notify clients about possible behavioral side effects

### Notes

Questionnaire administered by: __________________________  Date: ____________

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