

Tobacco Cessation Client Screening FORM

ADDRESSOGRAPH STAMP HERE ↓

Name: _____ Date: _____

Phone #: _____

E-mail: _____

Counseled re: Quitting Date: _____ Recounseling Dates: _____

Medical Coverage _____ Carbon monoxide level: _____

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

_____ # quit attempts _____ longest quit time Approximate date of longest quit: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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Please check all that apply.

<p>Chronic conditions:</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Chronic bronchitis/ COPD</p> <p><input type="checkbox"/> Emphysema</p> <p><input type="checkbox"/> Sinusitis</p> <p><input type="checkbox"/> Heart Disease</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Tuberculosis/TB</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hypertension/High blood pressure</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Other chronic disease:</p>	<p><input type="checkbox"/> Needs surgery</p> <p><input type="checkbox"/> Depressive disorder</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Substance abuse in recovery</p> <p><input type="checkbox"/> Periodontal disease/ Gum disease</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Lactating/Breastfeeding</p> <p><input type="checkbox"/> Immunologic disease</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Kidney disease</p> <p><input type="checkbox"/> Chronic cough</p> <p><input type="checkbox"/> chronic cough and mucous</p> <p><input type="checkbox"/> shortness of breath with exercise</p>	<p>Contraindications to patch, gum, lozenge:</p> <p><i>If <u>yes</u>, refer to Dr. for pharmacotherapy.</i></p> <table border="1"> <thead> <tr> <th></th> <th><u>Yes</u></th> <th><u>No</u></th> </tr> </thead> <tbody> <tr> <td>1. Heart attack in last 2 weeks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Hx of angina, chest pain from heart requiring medication.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Heart rhythm problem</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Severe skin condition</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Pregnancy/lactating/breastfeeding</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	1. Heart attack in last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	2. Hx of angina, chest pain from heart requiring medication.	<input type="checkbox"/>	<input type="checkbox"/>	3. Heart rhythm problem	<input type="checkbox"/>	<input type="checkbox"/>	4. Severe skin condition	<input type="checkbox"/>	<input type="checkbox"/>	5. Pregnancy/lactating/breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>																																																									
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Questionnaire administered by: _____ Date: _____

Rev. 9/8/2011

Medication Guidelines

Zyban and nicotine patch are automatically covered by MediCal – Fee for Service, Alameda Alliance and Blue Cross cover patch and Gum..

- If you are requesting other medication (i.e. gum, lozenge, spray, inhaler, or chantix), you must write a TAR and explain the following: 1) why the patient cannot use Zyban or that he tried and it did not work; and 2) why the patient cannot use the patch or that he tried and it did not work.
- High-risk patients may need more than 1 patch - about 1mg of nicotine per cigarette. See table:

<i>Cigarettes/Day</i>	<i>Patch Dose (mg/d)</i>
<10	7-14
10-20	14-22
21-40	22-44
>40	44+

- Include reference to Dale article in your TAR request If you are asking for combination nicotine replacement: Dale, LC. Mayo Clin Proc. 2000; 75: 1311-1316.
- MediCal covers Nicoderm CQ >21 –14-7mg.
- Frequently dosing started at 1m per cigarette
- Supplemental nicotine gum or lozenge is helpful for a very addicted client and/or person who is not getting relief from withdrawal with the patch alone: Usually 2mg is used for this.
 - Each cig = 2mg nicotine (5-7minutes); 2 mg gum = 0.8mg nicotine (30min); 4mg gum = 1.5 mg nicotine (30min) (Osinubi, Slade 2002).
 - Lozenge is about 25% stronger than gum (2mg lozenge = 1 mg nicotine; 4mg lozenge = 1.88 mg nicotine).
- For high-risk clients, have the client use gum or lozenge for breakthrough cravings and ideally keep using 2mg NRT until ready to taper off.
- See Sample TAR's.
- Warn patients of signs of too much nicotine:

This is rare – most of the time people are underdosed

- Nausea, diarrhea
vomiting
- Rapid heartbeat
- Cold sweats
- Blurred vision
- Dizziness
- Headaches
- Drooling