

# Nicotine Dependence ANMC PCC – Clinic 94

A/R	Active Problems/POV	Common Diagnoses	
	Continuous use	Uses tobacco daily (precontemplator)	305.1
	History of use	Has not used tobacco for > 6months (maintenance)	V15.82
Nicotine Dependence Treatment (NDT) Phase (circle)		Stage at Follow-up	ICD9 Code
NDT session Education only		Pre Cont Prep Action Maint	V65.42
NDT session QD or Week # ____		Pre Cont Prep Action Maint	V65.42
NDT Group session # ____		Pre Cont Prep Action Maint	V65.42
NDT Other session		Pre Cont Prep Action Maint	V65.42

Time	Provider
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Vital Signs
BP:
Peak Flow :
Carbon Monoxide:

Diagnosis Tobacco Edu	Topic Discussed	Understanding (check one) G=Good F=Fair P=poor R=Refused	Comments	Provider Signature	Time (minutes)
TO -M	Medications	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-QT	Quitting Tobacco	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-DP	Disease Process	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-FU	Follow-up	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-LA	Lifestyle Adaptations	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-RTC	Readiness to Change	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-SHS	Second Hand Smoke	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-EX	Exercise	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-C	Complications	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		
TO-L	Patient Info/Literature	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> Group	<input type="checkbox"/> Goal Set <input type="checkbox"/> Goal Met		

Medications (Check what applies)	Dose	Duration / Details Previous or current problems with medications:	Health Factors (Circle what applies)	Definition
Varenicline	<input type="checkbox"/> 1x / day <input type="checkbox"/> 2x / day		Non-Tobacco User	No tobacco use
Bupropion SR	<input type="checkbox"/> 1x / day <input type="checkbox"/> 2x / day		Current Smoker	Precont/ cont / prep to quit
Nicotine Patch	<input type="checkbox"/> 7mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21mg <input type="checkbox"/> __ mg		Current Chewer	Precont/ cont / prep to quit
Nicotine Lozenge	<input type="checkbox"/> 2mg ____/day = ____mg		Current Smoker & smokeless	Current smoker & smokeless
Nicotine Gum	<input type="checkbox"/> 2mg ____/day = ____mg		Previous Smoker	Quit for > 6 months
			Previous Chewer	Quit for > 6 months

### Counseling Scores

Importance score 1 - 10 \_\_\_\_ Confidence score 1 - 10 \_\_\_\_

Fagerstrom Score(s): \_\_\_\_ Cigarettes \_\_\_\_ Chew / lqmik

Quit Date: \_\_\_\_\_ Restart Quit Date: \_\_\_\_\_ Next Follow-up: \_\_\_\_\_

Cessation – Smoker	In Action Quit for 0- 6 months
Cessation – Chewer	In Action Quit for 0- 6 months
Smoker in home	Smoker in home
2 <sup>nd</sup> Hand	Exposure to smoke
Smoke Free Home	Smoke Free Home

### Tobacco Education Pharmacy Note:

<b>Clinic notes:</b>  <b>Patient Name:</b> _____ <b>Date:</b> _____ <b>Chart #</b> <b>DOB:</b> _____	<b>Notes:</b>  <b>Total time of encounter:</b>  <div style="text-align: center;"><b>Approved HRC 08/14/06, Page 1 of 1</b></div> <div style="display: flex; justify-content: space-between;"> <span>_____ Signature</span> <span>_____ Date</span> </div>
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