

Tobacco Treatment Flow Sheet

Date of First Appointment _____ HEIGHT _____ FTND _____ CAGE-AID _____

Ready to Quit in 30 days: Yes No

Date Initial							
Tobacco Use (last 7 days)							
CO Monitor (ppm) Time to last cig							
Blood Pressure							
Pulse Respirations							
Weight BMI							
PHQ-9							
Withdrawal scale							
Importance (1-10 participant)							
Confidence (1-10 participant)							
Med Rec form reviewed updated							
Target Quit Date							
Actual Quit Date							
Date of last tobacco use							
Appointment Outcome							
Provider letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HelpLine Enrollment Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MaineHealth
**Center for Tobacco
 Independence**