

Tobacco Treatment Visit Note

Patient Name:

DOB:

Date:

Tobacco Use in last 7 days: Yes No

If yes, provide date of last use: ___/___/___

Current Tobacco Use Pattern: _____ packs / cigarettes per day

Smokeless Tobacco _____

Target Quit Date: ___/___/___ Actual Quit Date: ___/___/___ No Quit Date

CO Monitor Reading: _____ ppm Weight: _____ pounds

Additional or Interim Medical History: no new medical information

Intervention Motivational Interviewing Cognitive Behavioral Therapy Strategies

Impression Ready to quit Not ready to quit

Plan:

Medication:

- Medication options, benefits, risks & use discussed.
- Based on amount of tobacco use, patient preference, and current dosing guidelines, patient may need:

Follow Up:

- Referred to _____
- Patient demonstrated understanding of plan/risks/benefits
- Patient is agreeable to the plan discussed
- Handouts given
- Patient is agreeable to a plan but with misgivings
- Patient had difficulty comprehending instructions

Clinician Signature: _____ Date: _____ Time: _____ Time counseling: _____