

# 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 or 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 a plan but with misgivings

Patient is agreeable to the plan discussed  Patient had difficulty comprehending instructions

Handouts given

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Time counseling: \_\_\_\_\_