## **Tobacco Treatment Visit Note**

Patient Name: DOB:				
Date:				
Tobacco Use in last 7 days: 1 Yes	□ No			
rozacco coo iii iaci / aajor : 100				
If yes, provide date of last use:/	1			
Current Tobacco Use Pattern:	packs / cigarette	s per day or Sn	nokeless Tobac	CO
<u></u>	paono / organomo	o por day or on	10101000 10200	
Target Quit Date:/ / /	Actu	al Quit Date:	///	□ No Quit Date
<b>3</b> • • • • • • <del></del>				
CO Monitor Reading:	ppm Weig	ht:	pounds	
<b>3</b>				
Additional or Interim Medical Hist	torv: □ no new medi	cal information		
Intervention I Motivational Interview	vina 🛮 Coanitive Beh	avioral Therapy	Strategies	
	g = 00g0 = 0	a	o atog.co	
Impression I Ready to quit I Not rea	ady to quit			
impression are easy to quite motifet	ady to quit			
Plan:				
i idii.				
Medication:				
Medication options, benefits, risks	& use discussed			
Based on amount of tobacco use, patient preference, and current dosing guidelines, patient may need:				
Bused on amount of tobacco use,	patient preference, t	and current dos	ing galacimes, p	outlent may need.
Follow Up:				
Referred to				
	na of nlan/risks/hone	afite □ Dationt is	agrapahla ta a r	olan hut with misgivings
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 Signaturo	Dato	Timo		Time counseling:
Clinician Signature:	Date:	rime	•	_ Time counselling:

MaineHealth
Center for Tobacco
Independence

Last Revised: 8/29/19