Smoking Cessation Sample Flow Sheet

doctorcare
A WELLSTAR Company

Initial assessment

Patient:				Date:	
ASK	☐ No ☐ Yes (if yes->)	Years Smoking:	# Cigarettes/Day:	Previous quit attempt? ☐ Yes ☐ No	
ADVISE	"As your physician, I am concerned about your health and advise you to stop smoking. I can help you." (Make link to relevant medical history)				
ASSIST	Motivational interviewing: **On a scale of 1-10 how would you rate your motivation to quit smoking at this time?**				
	1	2	3	4	5
	Not Ready to Change			Unsure	
	NOT READY TO QUIT Pre-contemplative/Contemplative Stage • Ask patient if they would be willing to cut down • Focus on motivating patient • Offer help when patient is ready				
Patient's reasons to quit: (Check all that apply)	☐ Health ☐ Children/Spouse ☐ Financial ☐ Social ☐ Other				
Patient's concerns about quitting: (Check all that apply)	☐ Weight ☐ Withdrawal ☐ Social ☐ Stress ☐ Relapse ☐ Other				

PATTERN OF SMOKING				Date:
Age started to smoke:				Notes/Comments:
Time of first cigarette after awakening (e.g. 30 min):				
Date of last quit attempt:				
Duration of quit attempt:				
Reason for relapse (or N/A):				
PREVIOUS MEDICATION USE:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Comments:				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	Ready to set a quit date? ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Follow-up – Relapse Prevention	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal Symptoms	☐ Not Required
Referral to Community Smoking Cessation Program	☐ Yes ☐ No			

Counselling visit #1

Counselling visit #2

PATTERN OF SMOKING:				Date:
Current smoking status:				Notes/Comments:
Time of first cigarette after awakening (e.g. 30 min):				
Date of last quit attempt:				
Duration of quit attempt:				
Reason for relapse (or N/A):				
MEDICATION USE DURING QUIT ATTEMPT:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Comments:				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	Ready to set a quit date? ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider/Reinforce Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Ongoing Follow-up – Relapse prevention	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal Symptoms	☐ Not Required
Referral to Community Smoking Cessation Program	☐ Yes ☐ No			