

Patient name _____

Date _____

Medical record number _____

DOB _____

Tobacco Use Counseling

- ☐ Asked about tobacco use
- ☐ Advised to stop tobacco use
- ☐ Assessed if ready to quit
 - ☐ ready
 - ☐ not ready
- ☐ Assist
 - ☐ handouts given
 - ☐ referral to quitline
 - ☐ pharmacotherapy prescribed
 - ☐ Nicotine replacement (patch, spray, gum, inhaler, lozenge)
 - ☐ Bupropion (Zyban)
 - ☐ Varenicline (Chantix)
 - ☐ Counseled for 3-10 minutes (99406 Tobacco use 305.1)
 - ☐ Counseled for > 10 minutes (99407 Tobacco use 305.1)
- ☐ Arrange follow-up