

TOBACCO CESSATION PROTOCOL

DATE: _____

ASK THE PATIENT: SMOKING HISTORY

cigs/day _____ # cigs/wk _____ # yrs smoking _____

cigars/wk _____ # bowls pipe tobacco/wk _____

pouches/cans smokeless tobacco/wk _____

ADVISE THE PATIENT: TOBACCO-RELATED

ORAL PROBLEMS NOTED (check all present)

Stain _____ Periodontitis _____ Halitosis _____

Oral Lesion _____ Other _____

ASSESS THE PATIENT:

Patient interest in quitting from 1 to 10 _____

ASSIST THE PATIENT:

Literature given: Yes _____ No _____

Quit Date: Now _____ Later _____

Expected quitting date: _____

Patch Dispensed: Yes _____ No _____

ARRANGE FOR THE PATIENT:

Willing to be called: Yes _____ No _____

Time _____ Number _____

Referred to Quitline: Yes _____ No _____