PROVIDENCE THORACIC SURGERY
Smoking Cessation Counseling Worksheet

{YES NO CAPITALIZED:23745}  Ask (** minute) We discussed @NAME@ current tobacco use,  @HE@ is currently smoking

{YES NO CAPITALIZED:23745}  Advise (** minutes) We reviewed the impact of smoking on lung disease and on increasing the risk of future cancer and the impact on @HIS@ upcoming surgery and significantly increasing the risk of post-operative respiratory complications

{YES NO CAPITALIZED:23745}  Assess (** minutes) @HE(CAPS)@ {IS/ IS NOT:21585} ready to attempt to quit at this time. ***
  o Offer motivational intervention to those not yet ready to quit using the 5 "R's" - Relevance, Risks, Rewards, Roadblocks, and Repetition.

{YES NO CAPITALIZED:23745}  Assist (** minutes) We reviewed the following problem-solving methods and skills for cessation.
  o The Tobacco Cessation Program
  o Social support in the smoker’s environment
  o Successful quitting techniques
  o Setting a quit date and help patient with the development of a quit plan
  o Provide self-help smoking cessation materials
  o Offer referral to more intensified counseling as appropriate, such as telephone counseling
  o Prescribe pharmacologic therapy as appropriate. (Nicotine replacement therapy and/or bupropion, if there are no contraindications)

{YES NO CAPITALIZED:23745}  Arrange (** minute) Schedule follow-up either by office visit or telephone to periodically assess smoking status.
  o Prevent relapse by congratulating successes and reinforcing reasons for quitting.
  o Assess any difficulties with pharmacologic therapy.

I spent *** minutes in smoking/tobacco counseling {Blank single:19197::"99406: 3-10 minutes","99407: >10 minutes"}

Electronically signed by: @ME@  @TD@  @NOW@  @LOCATION@