# SMOKING CESSATION WORKSHEET

**PATIENT NAME/CHART #:**

<table>
<thead>
<tr>
<th>Attempt 1</th>
<th>Attempt 2</th>
<th>Date</th>
<th>Date</th>
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<tbody>
<tr>
<td># Minutes</td>
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(2 attempts per year/4 sessions each attempt)

**ASSESSMENT/ASSISTANCE:** (✓ = Done)

- Advised patient to stop tobacco use
- Assessed patient’s willingness to quit
- Assist: Patient willing to make quit attempt
  - Discussed practical counseling/support options
  - Distributed educational materials
  - Develop quit plan & quit date
  - Pharmacotherapy initiated
  - What type?
  - Pharmacotherapy discontinued
- Arrange follow up appointment/contact
- Assist: Patient unwilling to quit
  - Discussed personal relevance of trying to quit now
  - Discussed risks relevant to this patient
  - Discussed rewards to quitting
  - Discussed barriers to quitting and how to overcome
  - Repeated motivational intervention
- Assist: Former smokers
  - Encourage former smokers to prevent relapse

**Physician’s signature each encounter**

**DIAGNOSES (Smoking-related and Other Pertinent):**

1. How Long Using Tobacco:
2. Chronic Medication with Potential Adverse Interaction w/ Tobacco:

99406: Smoking and tobacco-use cessation counseling visit: Intermediate (greater than 3 minutes, up to 10 minutes).
99407: Smoking and tobacco-use cessation counseling visit: Intensive (greater than 10 minutes).
If separate E/M service provided same day, append 25 modifier to E/M service.