

# SMOKING CESSATION WORKSHEET

PATIENT NAME/CHART #:

Attempt 1	Attempt 2	Date	Date	Date	Date
<b>(2 attempts per year/4 sessions each attempt)</b>					
		# Minutes	# Minutes	# Minutes	# Minutes

**ASSESSMENT/ASSISTANCE: (+ = Done)**

**Advised** patient to stop tobacco use \_\_\_\_\_

**Assessed** patient's willingness to quit      Yes      No \_\_\_\_\_

**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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Patient's Tobacco Preference:** \_\_\_\_\_

**How Long Using Tobacco:** \_\_\_\_\_

**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