PROVIDER

☐ **ADVISE** smoker to stop smoking. Tell your patient: ***"It is important that you quit smoking now, and I can help you."***

☐ **ASSESS** readiness to quit: Ask the patient, ***"Are you seriously thinking about quitting smoking within the next 6 months?"*** ☐ Yes ☐ No

☐ **ASSIST** smoker to quit: ☐ Brief counseling ☐ Prescription medications if appropriate:

Nicotine replacement (CIRCLE) patch gum lozenge inhaler nasal spray

(CIRCLE) Buproprion (Zyban or Wellbutrin SR) Chantix Other

☐ **ARRANGE** follow-up: ☐ Patient referred into system with:

PATIENT EMAIL:_____

PATIENT

DECIDE 2QUIT

Information Prescription

Rx

Patient Instructions: Your healthcare provider has referred you to **www.decide2quit.org**

Type this into the address bar of your web browser. Once you log in, you will receive :

- Interactive calculator and education materials to help you think about smoking and quitting
- How to get support from those around you (friends, family, doctor)

_____ _____

Referring Physician/Nurse Date

AGREEMENT

I (undersigned) understand that quitting smoking is the single most important thing I can do for my health. I know that quitting smoking will not be easy but I have the support of my physician/nurse to be successful. I agree to be referred and will consider visiting the www.decide2quit.org website.

Patient Signature _____ Date _____

Decide2Quit HELPDESK • Tel: (508) 856-3543