

SMOKING CESSATION WORKSHEET

PATIENT NAME/CHART #:

Attempt 1	Attempt 2	Date	Date	Date	Date
<i>(2 attempts per year/4 sessions each attempt)</i>					
		# 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: _____

G0375: Smoking and tobacco-use cessation counseling visit: Intermediate (greater than 3 minutes, up to 10 minutes).

G0376: 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