☐ 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) Bupropion (Zyban or Wellbutrin SR) Chantix Other

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

PATIENT EMAIL: ________________________________

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DATE

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PATIENT

DECIDE2QUIT

Information Prescription

Rx

Patient Instructions: Your healthcare provider has referred you to www.decid2quit.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

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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.decid2quit.org website.

Patient Signature Date

Decide2Quit HELPDESK • Tel: (508) 856-3543