**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) Bupropion (Zyban or Wellbutrin SR)  Chantix  Other

☐ **ARRANGE** follow-up: ☐ Information Rx given to patient

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**PATIENT**

**DECIDE2QUIT**

**Information Prescription**

**Rx**

**Patient Instructions:** Your healthcare provider has referred you to [www.decide2quit.org](http://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

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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.decide2quit.org](http://www.decide2quit.org) website.

____________________________  ______________________________
Patient Signature  Date

Decide2Quit HELPDESK  Tel: (508) 856-3543