



- If a patient is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Try-To-STOP Smokers' Quitline will contact the patient, offer free cessation services and send feedback reports to the provider listed below.

## Formulario de inscripción de Massachusetts

Las personas que usan tabaco también pueden llamar al 1-800-879-8678 para recibir servicios.

### La persona que usa tabaco debe completar la siguiente sección:

|  |  |          |  |                               |  |                             |                             |
|--|--|----------|--|-------------------------------|--|-----------------------------|-----------------------------|
| Nombre   |  | Apellido |  | ¿Tiene 18 años de edad o más? |  | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Dirección postal<br>( )  |  | Ciudad   |  | Estado                        |  | Código postal               |                             |
| Número de teléfono   |  |          |  |                               |  |                             |                             |
| ¿Cuándo prefiere que llamemos? (marque todo lo que corresponda) <input type="checkbox"/> Mañana <input type="checkbox"/> Tarde <input type="checkbox"/> Noche <input type="checkbox"/> Ninguna preferencia   |  |          |  |                               |  |                             |                             |
| Preferencia de idioma: <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro (especificar) _____  |  |          |  |                               |  |                             |                             |
| ¿Podemos dejar un mensaje? <input type="checkbox"/> Sí <input type="checkbox"/> No   |  |          |  |                               |  |                             |                             |
| Seguro principal de la persona que usa tabaco: <input type="checkbox"/> Blue Cross Blue Shield MA <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> MassHealth/Medicaid <input type="checkbox"/> Otro <input type="checkbox"/> Ninguno  |  |          |  |                               |  |                             |                             |
| Autorizo a este proveedor de servicios de salud a dar la información de este formulario de inscripción a QuitWorks para que puedan contactarme y pueda participar en el programa QuitWorks. También autorizo a QuitWorks a dar información sobre mi progreso en el intento de dejar de fumar al proveedor de servicios de salud nombrado en este formulario. |  |          |  |                               |  |                             |                             |
| Firma de la persona que usa tabaco   |  |          |  | Fecha                         |  |                             |                             |

### Los proveedores de servicios de salud completarán esta sección (Health care providers complete this section):

|  |  |               |                             |
|--|--|---------------|-----------------------------|
| Referring Provider:                    | The Health Connection                                  | Phone Number  | ( 617 ) 534-2295            |
| Facility:                              | Boston Public Health Commission                        | Fax Number    | ( 617 ) 534-5968            |
| Address:                               | 1010 Massachusetts Avenue, 2nd Floor, Boston, MA 02118 |               |                             |
| Send feedback report to:               |  |               |                             |
| <input type="checkbox"/> Same as above | or   | Sheryl Miller | ( 617 ) 534-9623            |
|  | Name   | Phone Number  | Fax Number ( 617 ) 534-5968 |

### NICOTINE REPLACEMENT OPTIONS

#### PATCHES

|  |  |                            |
|--|--|----------------------------|
| Nicoderm <sup>®</sup> CQ<br>7 mg, 14 mg, 21 mg | Initial: 1 patch/24 hrs.<br>MAX: Same as above | Treatment Duration: 8 wks. |
|--|--|----------------------------|

#### GUM

|                                      |   |                          |
|--------------------------------------|---|--------------------------|
| Nicorette <sup>®</sup><br>2 mg, 4 mg | Initial: 1 piece every 1–2 hrs.<br>MAX: 24 pieces/24 hrs. | Treatment Duration: 8–12 |
|--------------------------------------|---|--------------------------|

#### LOZENGE

|                                   |   |                             |
|-----------------------------------|---|-----------------------------|
| Commit <sup>®</sup><br>2 mg, 4 mg | Initial: 1 lozenge/1–2 hrs. (wks 1–6)<br>1 lozenge/2–4 hrs. (wks 7–9)<br>1 lozenge/4–8 hrs. (wks 10–12)<br>MAX: 20 pieces/24 hrs. | Treatment Duration: 12 wks. |
|-----------------------------------|---|-----------------------------|

#### NASAL SPRAY

|                                      |  |                              |
|--------------------------------------|--|------------------------------|
| Nicotrol <sup>®</sup> NS<br>10 mg/ml | Initial: 1–2 doses/hr.<br>MAX: 5 doses/hr. or 40 doses/day | Treatment Duration: 3–6 mos. |
|--------------------------------------|--|------------------------------|

#### INHALER

|  |  |                              |
|--|--|------------------------------|
| Nicotrol <sup>®</sup> Inhaler<br>10 mg/cartridge | Initial: 6–16 cartridges/day<br>MAX: 16 cartridges/day | Treatment Duration: 3–6 mos. |
|--|--|------------------------------|

### NON-NICOTINE MEDICATION

#### BUPROPION HCL SR

|                                 |  |                               |
|---------------------------------|--|-------------------------------|
| Wellbutrin SR<br>150 mg tablets | Initial: 150 mg/day (days 1–3)<br>300 mg/day (day 4+)<br>MAX: 300 mg/day | Treatment Duration: 7–12 wks. |
|---------------------------------|--|-------------------------------|

#### VARENICLINE

|                      |   |                                   |
|----------------------|---|-----------------------------------|
| Chantix <sup>®</sup> | Initial: 0.5 mg/day (days 1–3)<br>0.5 mg/2x/day (days 4–7)<br>1.0 mg/2x/day (day 8+)<br>MAX: 2 mg/day | Treatment Duration: Up to 12 wks. |
|----------------------|---|-----------------------------------|

Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Try-To-STOP TOBACCO Resource Center of Massachusetts or QuitWorks program.

**Make smoking history.**