

QUITWORKSSM

A Service of the Try-To-Stop Smokers' Helpline

In Collaboration with the Massachusetts Department of Public Health and Massachusetts Health Plans



**Lawrence
General
Hospital**

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

- 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.
- This program is free for all Massachusetts residents regardless of insurance status.

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 _____ () _____		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: _____		Phone Number (978) 683-4000 x 2343	
Facility: Lawrence General Hospital—Work Health Department		Fax Number (978) 946-8296	
Address: 1 General St. Lawrence, MA 01842			
Send feedback report to:			
<input type="checkbox"/> Same as above or Janet Sheehan, RN, ANP		(978) 683-4000 x 2343 (978) 946-8296	
Name		Phone Number Fax Number	
PEDIATRICS ONLY:			
Tobacco User's relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____			
Child/Children's name: (to help with recordkeeping) _____			

Copies of this form can be downloaded from WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

NICOTINE REPLACEMENT OPTIONS

PATCHES

Nicoderm [®] CQ 7 mg, 14 mg, 21 mg	Initial: 1 patch/24 hrs. MAX: Same as above	Treatment Duration: 8 wks.
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GUM

Nicorette [®] 2 mg, 4 mg	Initial: 1 piece every 1–2 hrs. MAX: 24 pieces/24 hrs.	Treatment Duration: 8–12
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LOZENGE

Commit [®] 2 mg, 4 mg	Initial 1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12) MAX: 20 pieces/24 hrs.	Treatment Duration: 12 wks.
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NASAL SPRAY

Nicotrol [®] NS 10 mg/ml	Initial: 1–2 doses/hr. MAX: 5 doses/hr. or 40 doses/day	Treatment Duration: 3–6 mos.
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INHALER

Nicotrol [®] Inhaler 10 mg/cartridge	Initial: 6–16 cartridges/day MAX: 16 cartridges/day	Treatment Duration: 3–6 mos.
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NON-NICOTINE MEDICATION

BUPROPION HCL SR

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

Chantix [®]	Initial: 0.5 mg/day (days 1–3) 0.5 mg/2x/day (days 4–7) 1.0 mg/2x/day (day 8+) MAX: 2 mg/day	Treatment Duration: Up to 12 wks.
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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.