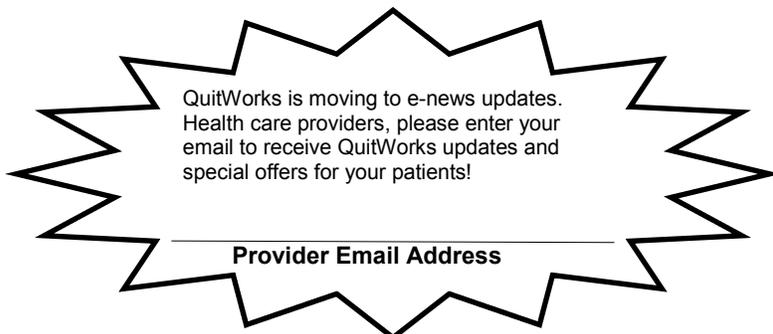


- If a patient is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Massachusetts Smokers' Helpline will contact the patient, offer free cessation services, and send feedback reports to the provider listed below.
- This program is free for all Massachusetts residents regardless of insurance status.



Massachusetts Enrollment Form

Patients: Complete this section

First Name	Last Name	Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailing Address ()	City	State	Zip	
Phone Number	When should we call? (check all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference			
Language Preference:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (specify) _____	
May we leave a message?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Primary Insurance of Tobacco User:	<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"/> Other	<input type="checkbox"/> None	
I authorize this provider to release the information on this enrollment form to QuitWorks so that I may be contacted and participate in the QuitWorks program. I also authorize QuitWorks to disclose information about my progress in attempting to quit smoking to the health care provider listed on this form.				
Patient Signature				Date

Health Care Providers: Complete this section

Referring Provider:	_____	()	Phone Number
Facility:	_____	()	Fax Number
Address:	_____		
Send feedback report to:	<input type="checkbox"/> Same as above or _____		
	Name	Phone Number	Fax Number
PEDIATRICS ONLY:			
Patient'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)	_____		

This form can be downloaded from WWW.QUITWORKS.ORG

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

Quick Guide To Pharmacotherapy In Tobacco Treatment

NICOTINE REPLACEMENT OPTIONS

PATCHES

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

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

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

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

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

BUPROPION HCL SR

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

Chantix [®]	Initial: MAX:	0.5 mg/day (days 1–3) 0.5 mg/2x/day (days 4–7) 1.0 mg/2x/day (day 8+) 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 Massachusetts Smokers' Helpline or QuitWorks program.

Make smoking history.