




SoonerQuit 5 A's Tobacco Cessation Counseling

PROVIDERS ARE ENCOURAGED TO REFER PATIENTS TO THE OKLAHOMA TOBACCO HELPLINE 1-800-QUIT-NOW


PATIENT'S NAME: _____

Billing Codes: 99406 (3-10min.) 99407 (10+min.) D1320 (Dental)

VISIT DATE			
START TIME			
<p>Ask every patient every time.</p> <p>Do not continue if sustained nontobacco user; Acknowledge and affirm non-use.</p>	<input type="checkbox"/> Does not use <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day) <input type="checkbox"/> Other tobacco products	<input type="checkbox"/> Does not use <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day) <input type="checkbox"/> Other tobacco products	<input type="checkbox"/> Does not use <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day) <input type="checkbox"/> Other tobacco products
<p>Advise all tobacco users of the consequences</p>	<input type="checkbox"/> Urge to quit or continue quit *Benefits of quitting *Harms of continuing *Recognize difficulty of quitting	<input type="checkbox"/> Urge to quit or continue quit *Benefits of quitting *Harms of continuing *Recognize difficulty of quitting	<input type="checkbox"/> Urge to quit or continue quit *Benefits of quitting *Harms of continuing *Recognize difficulty of quitting
<p>Assess willingness to make a quit attempt. If not ready to quit, document.</p> <p>*Motivational Interviewing techniques may assist with patient readiness.</p>	<p>Readiness to quit:</p> <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not considering Reason for not quitting: _____ _____ Recently Quit: Assess status	<p>Readiness to quit:</p> <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not considering Reason for not quitting: _____ _____ Recently Quit: Assess status	<p>Readiness to quit:</p> <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not considering Reason for not quitting: _____ _____ Recently Quit: Assess status
<p>Assist with treatment and referrals. Others smoking in the home?</p>	<p>Quit Date (if applicable):</p> _____ *Problem-solving *Identify support <p>Explore options:</p> <input type="checkbox"/> Provide materials <input type="checkbox"/> Refer to 1-800- QUIT-NOW <input type="checkbox"/> Pharmacotherapy	<p>Quit Date (if applicable):</p> _____ *Problem-solving *Identify support <p>Explore options:</p> <input type="checkbox"/> Provide materials <input type="checkbox"/> Refer to 1-800- QUIT-NOW <input type="checkbox"/> Pharmacotherapy	<p>Quit Date (if applicable):</p> _____ *Problem-solving *Identify support <p>Explore options:</p> <input type="checkbox"/> Provide materials <input type="checkbox"/> Refer to 1-800- QUIT-NOW <input type="checkbox"/> Pharmacotherapy
<p>Arrange follow up.</p>	<input type="checkbox"/> Set follow up appointment: _____	<input type="checkbox"/> Set follow up appointment: _____	<input type="checkbox"/> Set follow up appointment: _____
COMMENTS			
END TIME			
PROVIDER SIGNATURE			
CREDENTIALS			

 **ADDRESS**
 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105

 **WEBSITES**
 okhca.org
 mysoonerCare.org

 **PHONE**
 Admin: 405-522-7300
 Helpline: 800-987-7767