

QUITWORKSSM-RI

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 Rhode Island Smokers' Helpline will contact the patient, offer free cessation services and send feedback reports to the provider below.
- This program is free for all Rhode Island residents regardless of insurance status.



Rhode Island Enrollment Form

Patients: Complete this section

First Name _____ Last Name _____ Are you 18 or older? Yes No

Mailing Address _____ City _____ State _____ Zip _____
(_____)

Phone Number _____

- When should we call? (check all that apply): Morning Afternoon Evening No preference
- Language Preference: English Spanish Other (specify) _____
- May we leave a message?: Yes No
- Primary Insurance BCBS of RI United Healthcare Neighborhood Health Plan Tufts
of Tobacco User: Medicare Medicaid (check one): Rite-Care Connect Care Rhody Health Other None

I authorize this provider to release the information on this enrollment form to QuitWorks-RI so that I may be contacted and participate in the QuitWorks-RI program. I also authorize QuitWorks-RI 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:
 Same as above or _____
Name _____ Phone Number _____ Fax Number _____

PEDIATRICS ONLY:

Patient's relationship to child: Mother Father Other (specify) _____
Child's name (to help with your recordkeeping): _____

Copies of this form can be downloaded from WWW.QUITWORKSRI.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: 8wks.
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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 wks.
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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 RI Smokers' Quitline or QuitWorks-Ri program. Many health plans cover some or all medications. Patients should consult with their health insurer for details.

Make smoking history.