



A Service of the Rhode Island Smokers' Helpline

- 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.

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

Rhode Island Patient 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 <input type="checkbox"/> BCBS of Rhode Island <input type="checkbox"/> United Health Care <input type="checkbox"/> Neighborhood Health Plan <input type="checkbox"/> Tufts						
Of Tobacco User: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid (check one): <input type="checkbox"/> Rite Care <input type="checkbox"/> Connect Care <input type="checkbox"/> Rhody Health						
<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.						
<input type="checkbox"/> By checking this box, this patient has consented to the above statement.						

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:	
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 record keeping)	

Copies of this form may be downloaded at WWW.QUITWORKSRI.ORG

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

Rev. 10/15

Quick Guide To Pharmacotherapy In Tobacco Treatment

NICOTINE REPLACEMENT OPTIONS

Combining long-acting NRT (patch) with a short-acting NRT (gum, lozenge, or inhaler) is more effective than using a single type of NRT

LONG-ACTING PRODUCTS

PATCHES

21 mg, 14 mg, 7 mg

Dose: 1 patch every 24 hrs.
Start: 21 mg patch if ≥ 10 cig/day
14 mg patch if < 10 cig/day

Duration:
6-14 wks

SHORT-ACTING PRODUCTS

GUM

2mg, 4 mg

Dose: 1 piece every 1-2 hrs.
Max: 24 pieces/day

Duration:
6-14 wks

LOZENGE or MINI-LOZENGE

2mg, 4 mg

Dose: 1 lozenge every 1-2 hrs.
Max: 20 pieces/day

Duration:
12 wks

NASAL SPRAY (Nicotrol® NS)

10 mg/ml

Dose: 1-2 doses per hr.
Max: 5 doses/hr or 40 doses/day

Duration:
3-6 mos

INHALER (Nicotrol® Inhaler)

Dose: 6-16 cartridges/day
Max: 16 cartridges/day

Duration:
3-6 mos

BUPROPION SR

(Zyban®/ Wellbutrin SR®)

May be combined with nicotine replacement

150 mg tablets

Dose: 150 mg once per day (days 1-3)
150 mg twice per day (day 4+)
Max: 300 mg/day

Duration:
12 wks*

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets

Dose: Starting Month Pak =
0.5 mg once per day (days 1-3)
0.5 mg twice per day (days 4-7)
1 mg twice per day (days 8+)
Continuing Month Pak = 1 mg twice per day
Max: 2 mg/day

Duration:
12 wks*

* If quit at 12 wks, consider 12 more weeks of drug

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009. 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. 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 Rhode Island Smokers' Helpline or QuitWorks-RI program. Many health plans cover some or all medications. Patients should consult with insurer for details.