

- If a patient is interested in quitting smoking, fill out this form with them and **Fax/Send to 1-866-560-9113.**
- The **Massachusetts Smokers' Helpline** offers free cessation services (counseling and NRT) and sends feedback reports to the provider as noted below.
- Inform patients that **QuitWorks calls** will come from **617-262-2200.** **Four attempts** will be made to reach the patient.
- This program is **free for all Massachusetts residents** regardless of insurance status.

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



Massachusetts Referral 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 referral 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) _____	

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

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

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.	Duration:
	Start: 21 mg patch if ≥ 10 cig/day	6-14 wks
	14 mg patch if < 10 cig/day	

SHORT-ACTING PRODUCTS

GUM

2mg, 4 mg	Dose: 1 piece every 1-2 hrs.	Duration:
	Max: 24 pieces/day	6-14 wks

LOZENGE or MINI-LOZENGE

2mg, 4 mg	Dose: 1 lozenge every 1-2 hrs.	Duration:
	Max: 20 pieces/day	12 wks

NASAL SPRAY (Nicotrol® NS)

10 mg/ml	Dose: 1-2 doses per hr.	Duration:
	Max: 5 doses/hr or 40 doses/day	3-6 mos

INHALER (Nicotrol® Inhaler)

	Dose: 6-16 cartridges/day	Duration:
	Max: 16 cartridges/day	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)	Duration:
	150 mg twice per day (day 4+)	12 wks*
	Max: 300 mg/day	

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets	Dose: Starting Month Pak =	Duration:
	0.5 mg once per day (days 1-3)	12 wks*
	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	

* 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. This chart does not indicate or authorize insurance benefit coverage for any of these medications. This chart is provided by the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program. 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.