



A Service of the New Hampshire Tobacco Helpline

In Collaboration with the New Hampshire Division of Public Health Services

VNA-Hospice of Southern Carroll County & Vicinity

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

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

QuitWorks is moving to e-news updates!
Health care providers, please enter your email to receive QuitWorks updates and special offers for your patients!

SRondeau@VNAHospice.net
PROVIDER EMAIL ADDRESS

New Hampshire 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 of Tobacco User: Harvard Pilgrim HealthTrust Medicare Anthem Blue Cross/Blue Shield
 Medicaid Other/None Delta Dental Cigna

I authorize this provider to release the information on this enrollment form to QuitWorks-NH so that I may be contacted and participate in the QuitWorks-NH program. I also authorize QuitWorks-NH 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: Schelley Rondeau, R.N. **Phone Number:** (603) 569-2729

Facility: VNA-Hospice of Southern Carroll County & Vicinity **Fax Number:** (603) 569-2409

Address: 240 South Main St. PO Box 1620, Wolfeboro, NH 03894

Send feedback report to:
 Same as above or _____ () ()
 Name Phone Number Fax Number

PEDIATRICS ONLY:
 Tobacco Users's relationship to child: Mother Father Other (specify) _____
 Child/Children's name: (to help with your record keeping) _____

Copies of this form can be downloaded from www.QuitWorksNH.org

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

Quick Guide to Pharmacotherapy in Tobacco Treatment

NICOTINE REPLACEMENT (NRT)

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

PATCH

7 mg, 14 mg, 21 mg	Dose	1 patch every 24 hrs. 21 mg patch if ≥ 10 cig/day 14 mg patch if < 10 cig/day	Duration: 6-14 wks.
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SHORT-ACTING PRODUCTS

GUM

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

LOZENGE or MINI-LOZENGE

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

NASAL SPRAY (Nicotrol® NS)

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

INHALER (Nicotrol® Inhaler)

	Dose:	6-16 cartridges/day	Duration: 3-6 mos.
	MAX:	16 cartridges/day	

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+)	Duration: 12 wks. <i>(If quit at 12 wks, consider 12 more weeks of drug)</i>
	MAX:	300 mg/day	

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets	Dose:	<i>Starting Month Pack =</i> 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+) <i>Continuing Month Pack =</i> 1 mg twice per day	Duration: 12 wks. <i>(If quit at 12 wks, consider 12 more weeks of drug)</i>
	MAX:	2mg/day	

**For More Information: 1-800-QUIT-NOW
Visit www.QuitWorksNH.org**

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.
Source: Massachusetts Department of Health 2011