



PATIENT HISTORY - TOBACCO USE & HEALTH HISTORY

Name: _____ Address: _____

HSN _____ Indian Status (NIHB) # _____ Ph #: _____

How long have you smoked regularly?

What is the average number of cigarettes you smoke per day?

- >50 31-50 21-30 11-20 1-10

Do you use tobacco other than cigarettes?

- Yes No Type? _____ Quantity/day _____

How many times have you tried to quit? _____

When was the last attempt? _____

Why did you start smoking again? _____

What is the longest period of time you remained smoking/chewing tobacco free?

- 1yr 6-12mths 3-6 mths 1-3 mths
 1week-2mth 0<1 week

What methods have you used before to quit smoking?

- Cold Turkey Cut down then quit
 Support Group Individual Counseling
 Nicotine Gum Nicotine Patch
 Nicotine Inhaler Bupropion
 Vanenicine Other - Please specify _____

Date _____

Health Care Professional's Initials _____

What are your main concerns about quitting?

- Dealing with stress Loss of enjoyment
 Weight gain Cravings/breaking habit
 Withdrawal symptoms Fear of failure
 Other - Please specify _____

Do other members of your household smoke?

- Yes No

Health History

Do you have, or have a history of:

- Angina/heart disease/stroke
 High blood pressure Elevated cholesterol
 Diabetes Family History of Heart Disease
 Asthma/COPD
 Shortness of breath
 Persistent cough/phlegm Ulcers/heartburn
 Other _____

Are you pregnant or breast feeding?

- Yes No

Medications: (Prescription, non-prescription, vitamins, herbal, natural) List on back if needed.

Alcohol - number of drinks per week _____

Coffee/Tea - number of cups per day _____

Substance use Yes No If Yes, what kind? _____ Quantity/day _____