



A Service of the New Hampshire Tobacco Helpline

In Collaboration with the New Hampshire Division of Public Health Services



Dartmouth-Hitchcock, Manchester Tobacco Dependence Treatment Center

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

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

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

karen.d.mattson@hitchcock.org
PROVIDER EMAIL ADDRESS

New Hampshire Enrollment Form

Patients: Complete this section

Are you 18 or older? Yes No

First Name _____ Last Name _____

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: Anthem Blue Cross/Blue Shield Medicaid NH Healthy Families
 Cigna Medicare Wellsense
 Harvard Pilgrim Meridian Other/None _____

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.

By checking this box, this patient has consented to the above statement.

Health Care Providers: Complete this section

Referring Provider: Karen Mattson, MS, FNP, APRN _____ Phone Number (603)695-2560

Facility: Dartmouth-Hitchcock, Manchester, Tobacco Dependence Treatment Center _____ Fax Number (603)695-2562

Address: 100 Hitchcock Way , Manchester, NH 03104 _____

Send feedback report to:

Same as above or _____ () _____ () _____
 Name Phone Number Fax Number

PEDIATRICS ONLY:

Tobacco User's relationship to child: Mother Father Other (specify) _____

Child/Children's name: (to help with your recordkeeping) _____

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