

A Service of the New Hampshire Tobacco Helpline

In Collaboration with the New Hampshire Division of Public Health Services

- If a tobacco user is interested in quitting, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The New Hampshire 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.
- 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!

PROVIDER EMAIL ADDRESS

Formulario de inscripción de New Hampshire

La persona que usa tabaco debe completar la siguiente sección:

Nombre _____		Apellido _____		¿Tiene 18 años de edad o más? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Dirección postal _____ ()		Ciudad _____		Estado _____	Código postal _____
Número de teléfono _____					
¿Cuándo prefiere que llamemos? (marque todo lo que corresponda) <input type="checkbox"/> Mañana <input type="checkbox"/> Tarde <input type="checkbox"/> Noche <input type="checkbox"/> Ninguna preferencia					
Preferencia de idioma: <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro (especificar) _____					
¿Podemos dejar un mensaje? <input type="checkbox"/> Sí <input type="checkbox"/> No					
Seguro principal de la persona que usa tabaco: <input type="checkbox"/> Anthem Blue Cross/Blue Shield <input type="checkbox"/> HealthTrust <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Delta Dental <input type="checkbox"/> Otro/Ninguno <input type="checkbox"/> Cigna					
Autorizo a este proveedor de servicios de salud a dar la información de este formulario de inscripción a QuitWorks-NH para que puedan contactarme y pueda participar en el programa QuitWorks-NH. También autorizo a QuitWorks-NH a dar información sobre mi progreso en el intento de dejar de fumar al proveedor de servicios de salud nombrado en este formulario.					
Firma de la persona que usa tabaco _____				Fecha _____	

Los proveedores de servicios de salud completarán esta sección (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 recordkeeping) _____	

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

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

Spanish 11.12

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