

Doctor Checklist *for* Tobacco Cessation

Make the most of your next doctor's visit by filling out the top section of this form and bringing it with you to your next appointment. During your visit, let your doctor know you are interested in quitting or are currently trying to quit. Write down the answers to any questions you have in the lower section of this form.

Information to give to your doctor:

- How much tobacco do you currently use? # _____ cigarettes, dips, pipe loads per day OR # _____ packs per day
 - How long have you been using tobacco? For _____ months OR _____ years
 - What are your concerns or challenges with quitting?
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- What tobacco cessation techniques have you tried in the past or are currently trying (for example, cold turkey, nicotine replacement or medication)?
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- If you are currently trying to quit, how long have you been trying these techniques? _____
 - What side effects or benefits have you experienced from the techniques you have tried?
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Questions to ask your doctor before you leave your appointment:

- Is there anything that would interfere with my tobacco cessation plan (for example, depression, sleep apnea, heart conditions)?
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- What are my options for quitting tobacco (nicotine replacement, medication, combination therapy, other methods)?
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- If treatment is prescribed, what, if any, are the side effects I should be concerned about? Will it interfere with any of my other health conditions or medications?
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- Do I have medical clearance to exercise? Are there any recommended limitations?
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- Would a follow-up visit be helpful? If so, when? _____

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