



**PATIENT TRACKING FORM**

Visit Date	Stage of Change	Next Visit Date
	<input type="checkbox"/> No Interest in Quitting <input type="checkbox"/> Thinking About Quitting <input type="checkbox"/> Ready to or Recently Quit <input type="checkbox"/> Relapse <input type="checkbox"/> Staying Tobacco Free	
<b>Provider Action Taken</b>		
Advised to quit: <input type="checkbox"/> Discussed risks <input type="checkbox"/> Discussed rewards <input type="checkbox"/> Info sheets given <input type="checkbox"/> Parental involvement Assisted patient: <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Worksheet or handout: _____ <input type="checkbox"/> Developed a quit plan with patient <input type="checkbox"/> Identified barriers to quitting: _____		
<b>Patient Action Taken</b>		
<input type="checkbox"/> Willing to consider quitting or cutting down <input type="checkbox"/> Completed computer program <input type="checkbox"/> Committed to cut down (cut down to: _____) <input type="checkbox"/> Committed to quit plan (quit date: _____)		
<b>Notes/Comments:</b> _____ _____ _____		

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