

for Dental Professionals

Brief Intervention to Help Dental Patients Quit Tobacco

Date _____

Patient Name _____

Chart # _____

Medical concerns and medications:



ASK about tobacco use: Current Never Former (please check appropriate boxes)

ADVISE about the oral benefits of quitting

ASSESS willingness to make a quit attempt

Willing to try quitting in the next 30 days

- Number of cigarettes____, cigars____, pipe bowls____ per day
- Number of spit tobacco cans/pouches per week _____
- Number of years used _____
- How soon after you wake up do you use tobacco?
 - Within 30 minutes More than 30 minutes
- Previous quit attempts:
 - # of attempts _____
 - Longest quit period _____
 - Method(s) used _____
 - How long ago was last attempt to quit: ____ years ____ months
- Reasons for wanting to quit _____

Not ready to try to quit in next 30 days (re-assess during next visit, encourage patient to reconsider, relate reasons why to each individual)

Recently quit: Any challenges, urges, close calls? Ideas to help: _____

ASSIST patients willing to quit

- Self-help pamphlets & materials
- List of local community group/individual quit programs; **Quit Line 1-800-QUIT-NOW**
- Encourage a quit date
- Medication: nicotine gum/ lozenge/ patch/ inhaler/ nasal spray/ Zyban/ Chantix
Rx _____(D1320)

ARRANGE follow-up if set a quit date (with permission)

Quit date _____ Phone calls/visits: Week 1-2____ Month 1____, 3____, 6____, 12____

It is important that any medication prescribed or recommended be listed in the progress notes or on the intervention form. Use ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

Source: *This fact sheet was adapted from "Tobacco Cessation Intervention Techniques for the Dental Office Team," Eric E. Stafne, D.D.S., M.S.D., Director of the Tobacco Cessation Program, University of Minnesota School of Dentistry.*
Web site: www.umn.edu/perio/tobacco