



**GATEWAY
PHARMACY**

Screening for Smoking Cessation Products

Patient Information

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pharmacist Review

Current tobacco use: _____ cigarettes per day (20 cigarettes per pack)

Past quit attempts: _____

Time to first cigarette in morning: _____

Screening Questions	Yes	No
Are you pregnant or plan to become pregnant? (If yes, do not furnish and refer to an appropriate health care provider)		
Have you had a heart attack within the last 2 weeks? (If yes, furnish with caution and refer to an appropriate health care provider)		
Do you have any history of heart palpitations, irregular heartbeats, or have you been diagnosed with a serious arrhythmia? (If yes, furnish with caution and refer to an appropriate health care provider)		
Do you currently experience frequent chest pain, or have you been diagnosed with unstable angina? (If yes, furnish with caution and refer to an appropriate health care provider)		
Do you have any history of allergic rhinitis (e.g., nasal allergies)? (If yes, avoid nasal spray)		
Have you been diagnosed with temporal mandibular joint (TMJ) dysfunction? (If yes, avoid nicotine gum)		
Do you have any dermatologic conditions? (e.g., psoriasis eczema, atopic dermatitis)? (If yes, avoid patch)		
Do you have any chronic nasal disorders or severe reactive airway disease (e.g., COPD, asthma, emphysema)? (If yes, avoid nasal spray)		

- Pharmacist reviews screening questions and precautions
- Pharmacist trains patient on use of product including dosing and side effects
- Pharmacist recommends patient seek additional assistance for behavior change
- Pharmacist answers any questions regarding smoking cessation therapy and/or nicotine replacement products.
- Pharmacist shall notify the patient's primary care provide of any prescription drug(s) and or device(s) furnished to the patient. If patient does not have a primary care provider or is unable to provide contact information their primary care provider, the pharmacists shall provide with a written record of prescription/devices furnished and advise patient to consult an appropriate health care provider of their choice.

Pharmacist Signature: _____ Date: _____

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