Shared health	_					
Soins communs Manitoba PRAIRIE MOUNTAIN HEA SANTÉ PRAIRIE MOUNTAIN		Client Surna	ame	PatLastName		
Tobacco Quit Card & Counselling Prog	ram	First Name Date of Birt	h	PatFirstName		
Data Collection Tool		Gender	11	2023-Jan-09		
		MFR		M 123456		
Eligibility (client is eligible if all boxes are checked):		PHIN Destal Code		9123456780		
Are you:		Postal Code EMR File #		V1PL3M 33-877883		
 Ready to start a quit attempt in the next 30 days? A permanent or temporary Manitoba resident (or receive primary care in MB)? Without insurance to cover nicotine replacement therapy (NRT), OR unable to access insurance at this time? Unable to afford to the cost of NRT? 						
Initial Counselling Session - Tobacco Quit Card Issued						
Referral Date: YYYY-MMM-DD Completed By (T	obacco Educato	r Name):				
Date First Seen for Smoking Cessation: YYYY-MMM-DD						
Referral Type:						
My Health Team OR Area Name:						
Name of Patient's Primary Care Home Clinic:						
Quit Card Issue Date: YYYY-MMM-DD Type of contact:						
Quit Card Number (15-digit): PMH MB	(Please ensure t	the correct 5	letters and 3	numbers are entered)		
This is the individual's: 단 Note: please do a search for previous cards given to the individual to verify this information. When a second (or third) card is given, please document on a new TQCC Data Collection Form. Please find the previous form in the EMR and check off "New Quit Card Given".						
What form of tobacco do you use and how often per do Check of all that apply:	ay or week (plea	ase only indic	ate per week	if not a daily user)?		
Cigarettes: per	Spit/chew:_					
Cigar/pipe: per	E-Cigarette:	car	tridges per			
If using e-cigarette, does it contain nicotine?	Dose: mg	g/cartridge	Dose Unkno	wn		
Did you receive a copy of the NRT Information Guide?						
Did you receive a copy of the Resources to Stop Smoking guide?						
Client specifically referred to: Check-off all that apply Additional counselling sessions Tobacco Educator Commit to Quit Other (please specify):		lelpline / Tal				

Do you consent to receiving a contact from Smokers Helpline or Talk Tobacco? (If Yes, we will make a referral and they will contact you.)
 Yes, Smokers Helpline Yes, Talk Tobacco (Indigenous culturally competent service) No
Notes:
1-Month Counselling Session
Date of 1-month counselling session: YYYY-MMM-DD Completed By (Tobacco Educator Name):
Type of contact:
Have you used the Quit Card?
Have you stopped using tobacco, not even a puff/chew, for 7 days or more (regardless of whether you're vaping)?
If not, are you:
Note: Please ensure to also update EMR Lifestyle Band for tobacco with client's current tobacco use status.
How many Counselling sessions with a Tobacco Educator have you received (starting with the session you were given your current Quit Card and including today)?
Notes:

New Card Given Date: YYYY-MMM-DD If a new card is given, please stop documenting on this form and initiate a new form. Then document 1- and 6-month

visits on the new from starting from the date the new card is given out.

6-Month	Counse	lling	Session
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Date of 6-month counselling session: YYYY-MMM-DD Cor	mpleted By (Tobacco Educator Name):				
Type of contact:					
Have you used the Quit Card?					
Have you stopped using tobacco, not even a puff/chew, f	or 7 days or more (regardless of whether you're still vaping)?				
 Have you stopped using tobacco, not even a puff/chew, for 30 days or more (regardless of whether you're still vaping)?					
If not, are you:					
Have you used the following programs or resources since					
How many Counselling sessions with Tobacco Educator have you received since your 1-month appointment (including today)?					
Now that you have completed the Tobacco Quit Card and Counselling program, we would like you to complete a very short survey. If you choose to complete the survey, the information you provide is anonymous and will not be seen by any of your care providers. The survey is available to you in a few formats (read those that apply to your clinic/site):					
Email link to online survey	Survey provided by <i>phone or in-person interview</i>				
QR code link to online survey	(DONOT READ TO PARTICIPANT) Survey declined				
Paper survey					
Notes:					