

## Tobacco Quit Card & Counselling Program Data Collection Tool

Eligibility (client is eligible if all boxes are checked):

Are you:

- 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?

Client Surname	PatLastName
First Name	PatFirstName
Date of Birth	2023-Jan-09
Gender	M
MFR	123456
PHIN	9123456780
Postal Code:	V1P L3M
EMR File #	33-877883

### Initial Counselling Session - Tobacco Quit Card Issued

Referral Date: YYYY-MMM-DD      Completed By (Tobacco Educator 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): **WPGMB**      **MB** (Please ensure the correct **5 letters** and **3 numbers** are entered)

This is the individual's: ☒

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 day or week** (please only indicate per week if not a daily user)?

Check of all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Cigarettes: _____ per -- | <input type="checkbox"/> Spit/chew: _____ per --              |
| <input type="checkbox"/> Cigar/pipe: _____ per -- | <input type="checkbox"/> E-Cigarette: _____ cartridges per -- |

If using e-cigarette, does it contain nicotine? --      Dose:      mg/cartridge       Dose Unknown

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       Smokers Helpline / Talk Tobacco\*
- Commit to Quit       Other (please specify): \_\_\_\_\_

**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**

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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)?***

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***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 form starting from the date the new card is given out.

