

**Tobacco Quit Card and Counselling Program, Prescriber Letter**

Date: \_\_\_\_\_  
(dd/mmm/yyyy)

Client Health Record #  
Client Surname  
Given Name  
Date of Birth  
Gender  
MFRN  
PHIN  
Address (home visits only)

TO: PRIMARY CARE PROVIDER	FROM: HEALTH CARE PROFESSIONAL
Name: Address: Phone: (    ) Fax: (    )	Name: Program: Address: Phone: (    ) Fax: (    )

Dear Primary Care Provider,

**RE: Your patient and the Tobacco Quit Card and Counselling program**

Your patient has **completed** the Manitoba Tobacco Quit Card and Counselling Program. This program provides tobacco cessation and reduction counselling and up to \$300 in Nicotine Replacement Therapy (NRT) for *low-income* patients. The program can provide more than one Quit Card, depending on patient need, and 3 or more counselling sessions. *Those not eligible for a Quit Card may still be able to receive counselling.* More info is available at [sharedhealthmb.ca/TQCC](http://sharedhealthmb.ca/TQCC).

**At time of writing, your patient has completed the program and:**

- |   |   |
|---|---|
| <input type="checkbox"/> quit                     | <input type="checkbox"/> is using about the same amount |
| <input type="checkbox"/> reduced (by 10% or more) | <input type="checkbox"/> is using more                  |

**No further follow-up will be provided at this time.**

The program uses the CAMH Tobacco Cessation Medication Algorithm based on CAN-ADAPTT national guidelines, at: <https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf>.

The program also refers patients to [Smokers Helpline](#) or [Talk Tobacco](#) if they consent, and to the [Commit to Quit](#) group program; and provides a [Resources to Stop Smoking](#) guide with additional supports. These resources are all linked from our page at [sharedhealthmb.ca/TQCC](http://sharedhealthmb.ca/TQCC).

If you have any questions, please do not hesitate to call.

Thank you for your support. Sincerely,