

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 **been enrolled** in 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.

At time of writing, your patient is preparing to quit tobacco. **Your patient has indicated an interest in discussing use of prescription tobacco cessation medications in addition to or instead of NRT. I am wondering if you can meet with the patient and prescribe any oral medications as required.**

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.

If you have any specific questions, or would like to discuss this matter in more detail, please do not hesitate to call.

Thank you for your support. Sincerely,