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| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | **Student ID #:** | | | **Date of Birth:** | |
| **Sex:** | | **Age:** | | | **Date of Entry:** | |
| **Co-Morbid Conditions:** | | | | | | |
| **Medications:** | | | | | | |
| **Tobacco Use and Frequency:** | | | | | | |
| **Number of Months or Years Smoked:** | | | | | | |
| **TUPP Participation: YES NO** | | | | | | |
| **Tobacco Cessation Intervention Chosen: (circle all that apply)**  **Counseling Nicotine Replacement Therapy Other Medication(s)** | | | | | | |
| **Nicotine Replacement Therapy: include dose and frequency** (patch, gum, inhaler, nasal spray): | | | | | | |
| **Date** | **NRT for** > **10 cigs qd** | | **Medications** | **Adherence** | | **Comments/Progress** |
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