|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |