

BEHAVIORAL HEALTH TOBACCO TREATMENT CASE STUDY

Presenter's Information

Name:

Title/Role:

Credentials: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Patient Demographic Information

Age: Click or tap here to enter text.

Gender: Choose an item.

Race/Ethnicity: Choose an item.

Type of Service Provided

Click or tap here to enter text.

Psychological/Medical Information

Diagnoses: Click or tap here to enter text.

Current Medications:

Changes to psychiatric medications in the past 3 months?

No changes Yes, changes

If yes please provide details: Click or tap here to enter text.

Status of psychiatric symptoms in the last 3 months:

Stable Partially Stable Unstable Unknown

Tobacco Use History

Current Type of tobacco product/s used (list all products and amount used):

Click or tap here to enter text.

Diagnostic Codes Used:

Choose an item.

Tobacco Treatment Medications

Tobacco Treatment Medications Used (Past and current):

- Nicotine Gum Nicotine Lozenge Nicotine Patch Nicotine Inhaler
- Nicotine Nasal Spray Bupropion SR/Zyban Varenicline/Chantix
- Combination Therapy?

Please detail the specific medication regimen, including medication strength

Click or tap here to enter text.

Patient Barriers to Treatment:

Click or tap here to enter text.

Providers Barriers to Treatment:

Click or tap here to enter text.

Treatment overview:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Treatment outcome as of last session:

Click or tap here to enter text.