

**Date:** \_\_\_\_\_

**Alert:** This patient has been informed of the TFSE policy and has used tobacco or tobacco-like products in the last 30 days

**Patient provided Comfort Measures:**

initial here \_\_\_\_\_

**Patient provided Therapeutic Intervention:**

AAR – initial here \_\_\_\_\_

5 A – initial here \_\_\_\_\_

Intensive – initial here \_\_\_\_\_

**Patient Referred for follow-up support:**

ABQuits HelpLine – initial here \_\_\_\_\_

Other \_\_\_\_\_ – initial here \_\_\_\_\_