

Primary Follow-up Counselling Sessions 1-3

Name: _____ Date: _____

Appointment location: _____

Method of appointment:

In person
 Telephone
 Video-conferencing
 Email
 Other:

ARRANGE	<p>Primary Follow-up Counselling Sessions 1-3:</p> <p>Primary Follow-up counselling sessions 1-3 that are billable occur within the first 21 days of the program. Circle which appointment you are billing for. You may bill for 3 visits only. <u>Recommended meeting time-lines from date of first meeting:</u></p> <p> #1: Day 3 – 5 (approximately 10 minutes) #2: Day 7 – 10 (approximately 10 minutes) #3: Day 14 – 21 (approximately 10 minutes) </p> <p>Quit Status:</p> <ul style="list-style-type: none"> • Have you had any cigarettes since your quit date? Yes / No <ul style="list-style-type: none"> o If No, congratulate the patient o If Yes, encourage the patient to keep trying <p>Medication status (if applicable):</p> <ul style="list-style-type: none"> • Are you finding that the medication (_____) you are taking is helping? <input type="checkbox"/> Yes / <input type="checkbox"/> No • Any side effects that are bothersome? <p>Triggers:</p> <ul style="list-style-type: none"> • Have you been able to overcome your triggers? <input type="checkbox"/> Yes / <input type="checkbox"/> No • What has worked: _____ • What has not worked: _____ • Are you having problems dealing with cravings or withdrawal symptoms? <input type="checkbox"/> Yes / <input type="checkbox"/> No • What helps? What doesn't help? <p>Program Withdrawal: At any time after the first consultation, a patient may decide to withdraw from the program whether successful or not. The pharmacist may inform patients who withdraw and are not successful in quitting of their eligibility to re-enrol at a later date (one year from the date of the first consultation).</p> <p>Should this occur, pharmacists are asked to evaluate the patient's quit status. Refer to Program Evaluation form.</p> <p>Additional Information:</p>
Name of Pharmacist: _____	
<p>On completion, submit electronic claim using PIN 93899942 \$15 (limit to three claims per year)</p> <p>If patient withdraws from the program please refer to Program Evaluation Form To be filed for documentation and auditing purposes. A copy may be provided to the patient</p>	

*To be filed for documentation and auditing purposes: 2 years for audit under the ODB program
10 years as part of the patient health record*