NDQUITS REFERRAL

NORTH DAKOTA DEPARTMENT OF HEALTH
TOBACCO PREVENTION AND CONTROL
SFN 59499 (4-2016)

NDQuits

Please fax to NDQuits 1.855.997.8487 (1-855-99 QUITS) or NDHIN Direct e-mail NDDOH.NDQuits@direct.nddoh.ndhin.com

REFERRING PROVIDER INFORMATION

Provider Name		Date Fax or Direct E-mail Sent	
		Telephone Number	
NDHIN Direct E-mail Address (see pg 2 for details)	County	Fax Number	
Name of Clinic/Facility	City	State	ZIP Code

You may receive an Outcomes Report via fax documenting results of your patient referral to the program. In order to receive a Participant's Outcome Report, you must be a HIPAA-Covered Entity. Please complete the information below to receive an Outcomes Report:

I am a HIPAA-Covered Entity: (Please check one) ☐ Yes ☐ No ☐ I Don't Know

PATIENT INFORMATION

Patient Name	Date of Birth	Gender ☐ Male ☐ Female	Pregnant? ☐ Yes ☐ No
Address	City	State	ZIP Code
Best Telephone Number to Call: ☐ Cell ☐ Home ☐ Work		Alternate Telephone Number to Call: ☐ Cell ☐ Home ☐ Work	
What is the best time of day for NDQuits to call you?	Language ☐ English ☐ Spanish ☐ ASL ☐ Other (specify): _____		

NDQuits is open 7 days a week and call attempts are made during the hours of 7:00am to 9:00 pm CT.

MEDICATION CLEARANCE (to be completed by provider)

Patient is approved to use over-the-counter Nicotine Replacement Therapy, if deemed eligible to receive medications from the NDQuits program. Please see list of contraindications and useful information on Page 2.

☐ Yes ☐ No

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION (to be completed by patient)

I, the above-named:

- Hereby authorize my provider and clinic or hospital to release the information provided in this form to NDQuits.
- Confirm that I am ready to quit using tobacco within the next 30 days or have recently quit. I authorize NDQuits to contact me to help me with my quit.
- Authorize NDQuits to send a note back to my provider to identify the status of my enrollment.
- Understand that this information will be treated professionally and confidentially in accordance with federal and state regulations.
- Confirm that my provider has discussed the risk of medication if medical clearance has been provided above.

_____ (Initial) I give permission to the program to leave a message when contacting me.

This consent is subject to written revocation at any time except to the extent that action has already been taken upon this consent. This consent will automatically expire 6 months from date of signature below. NDQuits services will not be provided without signature on this form and a copy provided to the program.

Patient Signature ☐ Electronic verbal consent on file with referring provider (for Direct e-mail only)	Date
Witness	

This faxed information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and destroy the original message. Thank you.

Useful Information about Health Consequences of Nicotine Replacement Therapy Use for Patients with Contraindications

Nicotine Replacement Therapy

The Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence states: Nicotine replacement therapy (NRT) is not an independent risk factor for acute myocardial events. NRT should be used with caution among particular cardiovascular patient groups: those in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with unstable angina pectoris.[1] Nicotine can increase heart rate and blood pressure. It is also recommended that tobacco users with diabetes or stomach ulcers be monitored closely.

Medication and Patient Monitoring

Tobacco users are advised to consult with their health care provider before using NRT if they are taking prescription drugs for depression or asthma or using a non-nicotine stop-smoking drug. Polycyclic aromatic hydrocarbons (PAHs), some of the lung carcinogens found in tobacco smoke are inducers of the hepatic cytochrome P-450 (CYP) system and quitting may affect drugs metabolized by this system. Plasma levels may be higher after a patient quits smoking. Dosage adjustments may be needed for drugs such as warfarin, olanzapine, fluvoxamine, clozapine, theophylline, verapamil and tacrine. Others may also be affected. Please consult with a pharmacist for possible dosage adjustments and monitor your patient closely. It is also important to monitor blood glucose levels carefully in patients with diabetes during the quitting process due to possible effects from stopping smoking and tapering nicotine dosages. [2,3]

Pregnancy and Breastfeeding

Smoking can cause spontaneous abortion, premature births, low birthweight babies, SIDS and many other health risks for a woman and her child. Quitting smoking at any time during pregnancy decreases the risk of adverse effects. Quitting without medication is the preferred method, however in some women unable to quit otherwise, the potential benefit of medication may outweigh the possible risks on the fetus. There is no conclusive evidence that NRT helps pregnant women quit smoking. Some trials have raised concerns about safety, partially explained by other factors. Although exposure to nicotine likely has adverse effects on the fetus, smoking also exposes it to numerous other harmful chemicals. Relatively little human research with pure nicotine has been done in pregnant smokers.[1] Benowitz and colleagues, while recognizing that animal studies have shown risk of neuro-developmental defects with high doses of nicotine, feel there is low to minimal risk to the human fetus associated with judicious NRT use and recommend NRT be considered for pregnant women who are otherwise unable to quit. They also advise that NRT can be used post-partum, however small amounts of nicotine are absorbed by breast-fed infants.[4] The quitline is unable to provide NRT to pregnant or breastfeeding women without the approval of their physician (or other licensed healthcare provider). Therefore, if you would like your patient to receive NRT as part of her treatment for quitting tobacco, please discuss this with her and sign the authorization on the front of this form.

The FDA has not approved the use of over-the-counter nicotine medications for pregnant women who smoke. Nicotine gum is rated as a category C. (Category C= Animal studies have shown an adverse effect and there are no adequate and well-controlled studies in pregnant women **OR** No animal studies have been conducted and there are no adequate and well-controlled studies in pregnant women. Drugs should be given only if the potential benefit justifies the potential risk to the fetus.) The lozenge is not rated since it was designed to be an OTC product. Prescription NRTs and the nicotine patch are rated as a category D. (Studies, adequate well-controlled or observational, in pregnant women have demonstrated a risk to the fetus. However, the benefits of therapy may outweigh the potential risk.

1 Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence:2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf
2 Kroon, L Clinical Review: *Drug Interactions with Smoking*. Am J Health-Syst Pharm. 2007; 64:1917-21.
3 Schaffer, S., Yoon, S. and Zadezensky, *I. A review of smoking cessation: potentially risky effects on prescribed medications.* Journal of Clinical Nursing. 2009; 18: 15331540.
4 Benowitz NL, Dempsey DA. *Pharmacotherapy for smoking cessation during pregnancy*. Nicotine and Tobacco Research. 2004; 6:sup 2: 189-202.

For information about NDQuits, please visit www.ndhealth.gov/ndquits

To register with the ND Health Information Network for Direct email, visit www.ndhin.org/services