Primary Follow-up Counselling Sessions # 1 - 3

Name:	**Date:**
Appointment location:	
Method of appointment: ☐ In person ☐ Telephone ☐ Email ☐ Video-conferencing ☐ Other	

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Primary Follow-up Counselling Sessions 1 - 3:
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.
Recommended meeting time-lines from date of first meeting:
#1: Day 3 – 5 (approximately 10 minutes)
#2: Day 7 – 10 (approximately 10 minutes)
#3: Day 14 – 21 (approximately 10 minutes)
Quit Status:

- Have you had any cigarettes since your quit date? (Yes/No) _____
  - If No, congratulate the patient
  - If Yes, encourage the patient to keep trying

Medication status (if applicable):

- Are you finding that the medication (_____) you are taking is helping? Yes/No _____
- Any side effects that are bothersome?

Triggers:

- Have you been able to overcome your triggers? (Yes/No) _____
- What has worked? _____
- What has not worked? _____
- Are you having problems dealing with cravings or withdrawal symptoms? (Yes/No) _____
- What helps? What doesn't help? _____

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).
Should this occur, pharmacists are asked to evaluate the patient's quit status. Refer to Program Evaluation form.

Additional Information:

Name of Pharmacist:

Refer to Section 7.3 for claims submissions (limit to 3 claims per year)
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