Secondary Follow-up Counselling Sessions # 4 - 7

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

ARRANGE

Secondary Follow-up Counselling Sessions 4 - 7:
The four Secondary Follow-up sessions occur after day 30 as described. Circle which appointment you are billing for. You may bill for 4 visits only.
#4: Day 30 – 60 (approximately 3 - 5 minutes)
#5: Day 90 – 120 (approximately 3 - 5 minutes)
#6: Day 180 – 210 (approximately 3 - 5 minutes)
#7: Day 240 – 365 (approximately 3 - 5 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? _____

Review triggers and strategies

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:

If continuing with the program and on completion of documentation,
Refer to Section 7.3 for claims submissions (limit to 4 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