



Referral/Follow-Up Form

Based upon our talk today, I recommend that you take the following action:

_____ **Contact the PA Quitline: 1-800- QUIT NOW (1800 784-8669)**

Based on state-of-the art techniques in smoking cessation, this service provides counseling and structured assistance for individuals who are committed to quitting. **The Free Quitline can be accessed 24 hours a day, 7 days a week.**

_____ **Visit <http://www.determinedtoquit.com/>**

This website offers information and motivational tools to help you create and follow through on a quit plan, as well as staying tobacco free.

_____ **Contact your local quit program: _____**

_____ **Behavioral health/ Counseling follow-up: _____**

_____ **Review the handouts and information given to you today.**

For our next visit, please try to complete these materials and bring them with you:

_____ **Mood journal**

_____ **Exercise journal**

_____ **Quit plan**

_____ **List of triggers or barriers to quit**

_____ **List of pros and cons of smoking**

_____ **Short- and long-term goals**

www.helpteensquit.com

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