

# Patient History for Smoking Cessation

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Primary Care Physician's Name \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_ Allergies \_\_\_\_\_

Smoking History \_\_\_\_\_ pack(s)/day for \_\_\_\_\_ years      Previous Smoking Cessation Methods Attempted (circle below)  
Chantix   Zyban   Gum   Nicoderm   Inhaler   Hypnosis   Willpower

Other smokers in the household:   YES   NO

Alcohol Usage:   YES/NO   Amount \_\_\_\_\_      Drug Use:   YES/NO

## Your Past Medical History (Please circle below)

Pacemaker	Headache/Migranes	Pregnant	Depression	Diabetes	Cancer	Heart Disease
Alcoholism	Stroke	Hepatitis	Heart Attack	Bronchitis	COPD	Asthma
Seizures	High Blood Pressure	TB				

## Past Family History (Please circle below)

Pacemaker	Headache/Migranes	Pregnant	Depression	Diabetes	Cancer	Heart Disease
Alcoholism	Stroke	Hepatitis	Heart Attack	Bronchitis	COPD	Asthma
Seizures	High Blood Pressure					

List of Current Medications \_\_\_\_\_

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## Review of Current Symptoms (Please Circle as appropriate)

Fever	Chills	Night-sweats	Shortness of breath	Chest pain
Weight change	Headaches	Nausea	Vomiting	Poor sleep
Tearfulness	Feeling sad	Anxious feeling	Family stressors	

## Smoking Cessation Tips

### Prior to Stopping

**Decide you're going to stop and set a target date.**

**Make a list of 10 reasons why you want to stop.** Post the list everywhere. The mirror, the bedroom door, at work, etc.

**Before the first treatment get your teeth cleaned,** and appreciate how good they look. Don't let smoking discolor them.

Change your environment. **Get rid of all cigarettes and ashtrays** in your home, car and the workplace before the first treatment. **Don't carry cigarettes with you. Freshen the air. Clean your clothes.**

**Enroll the assistance of family and friends.** If your spouse smokes encourage them to stop too.

### Stopping

**On the first day do something to celebrate.**

**Try to avoid situations and places in which you would normally smoke.** Also try to lower your stress level. **Do go to places where smoking is prohibited such as movie theatres, church, etc.**

**Cravings last only about 2 minutes.** During the craving find something to do with with your mouth and hands, such as eating a hard candy, bite on a toothpick, pretzel stick, etc.

**Sip water throughout the day.**

**For withdrawal headaches use acupressure or take Tylenol.**

**Use relaxation breathing, the 3/4/5 technique. Breath for 3 seconds, hold for 4 seconds, exhale for 5 seconds.** This helps you relax.

**Most withdrawal symptoms pass in 1-2 weeks.** Keep busy your hands busy with crossword puzzles, writing letters, etc.

**Place a mark on your calendar** for each day you're a none smoker. **Put the money you've saved aside and reward yourself** with something special.

**If you smoke again, realize many people slip and your on the path to becoming a non-smoker. Try to lean what the trigger was? And how you'll cope with it in the future? Come back for another treatment.**

### Remaining a Non-smoker

**Write down a list of reasons you're glad you stopped. Post it everywhere.**

**Don't buy additional cigarettes. Continue to reward yourself with the money you've saved.**

**Avoid situations** in which you commonly smoke. **If you can't try to visualize in advance how you'll handle certain situations, then follow through.**

## **Auricular Therapy for Smoking Cessation**

### **What it Involves**

A small electrical probe is placed at precise points on your outer ear. The points are then stimulated for up to 24 seconds at each point. No needles are involved. The total treatment time is about 10 minutes and both ears are treated.

### **What you may experience during or after a treatment.**

Reactions vary from an intense feeling of pleasure, tingling, or warmth over the body, to breaking out in a sweat, or a facial blush, to feeling nothing at all.

A sense of pressure on the ear at the point of stimulation.

You may be asked to wear a small magnet on certain acupuncture points on your outer ear. You then stimulate these several times throughout the day. This tends to prolong the effect of the treatment.

### **Side Effects of the Treatment**

Most commonly patients experience a transient warmth, redness and slight tenderness on the outer ear. This lasts about 24 hours.

Less commonly patients describe ringing in the ears during the treatment and the onset of a migraine headache in those with a history of migranes.

### **Contraindications**

Pacemakers and pregnancy