

Visit Report

To: Dr. _____

Date: _____

From: Dr. _____

Regarding patient: _____

I have recently had the opportunity to evaluate your patient. With respect to his/her tobacco use, my findings suggest:

- | | |
|---|--|
| <input type="checkbox"/> Severe nicotine dependence | <input type="checkbox"/> PRN use of tobacco, or "Chipping" |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression/depressed mood |
| <input type="checkbox"/> Insight deficit | <input type="checkbox"/> Poor social support |
| <input type="checkbox"/> Other: | |

After discussion with the patient, the current plan for therapy includes:

- Target Stop Date on: _____
- NRT to begin on Target Stop Date, including:
 - Nicotine patch Nicotine polacrilex gum Nicotine inhaler Nicotine lozenge Nicotine nasal spray
- Bupropion (Zyban/Welbutrin) SR or XL
- Varenicline tartrate (Chantix)
- Referral to:

With your permission, I would like the opportunity to follow up with the patient in/on: _____

Please don't hesitate to contact me if there are any questions or concerns. I'll certainly keep you abreast of your patient's progress.

Sincerely,

*Originally developed by Frank T. Leone, MD for sending consultation report back to referring physician; may be copied or modified to suit individual practice needs.