

SCIP DOCUMENTATION FORM

CLIENT ID: \_\_\_\_\_

CLINIC/COUNTY: \_\_\_\_\_

ASK	ADVISE	ASSESS	ASSIST	ASSIST CON'T	ARRANGE	
<b>Date of 1st Visit:</b> ___/___/___  Trimester: ___1___2___3 ___PP	<b># Cigs. per day in last 30 days:</b>  ___ More than 1 pack  ___ Between ½-1 pack  ___ Less than ½ pack  ___None	<b>Topics discussed?</b> ___ Benefits ___ Support ___ Strategies ___ Hazards ___ Other	<b>Interest in Quitting:</b>  ___ Not interested  ___ Interested but not ready  ___ Taken steps  ___ Ready to Quit  ___ Smoke-free	<b>Client agrees to:</b> ___ Think about quitting      ___ Cut down ___ Set a quit date:            ___ Prepare to quit --/--/---- ___ Quit                            ___ Stay smoke-free  ___ Take self-help materials      ___ Do nothing  <b>Refer Client to:</b> CFR ___ Social Work ___ OB ___  Others _____	<b>Problems/Barriers:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <b>Initials:</b> _____	<b>Date of Follow-up call:</b> ___/___/___  <b>Date of Referral:</b> ___/___/___  <b>Comments:</b> _____ _____ _____ _____ _____
<b>Date of Visit:</b> ___/___/___  Trimester: ___1___2___3 ___PP	<b># Cigs. per day in last 30 days:</b>  ___ More than 1 pack  ___ Between ½-1 pack  ___ Less than ½ pack  ___None	<b>Topics discussed?</b> ___ Benefits ___ Support ___ Strategies ___ Hazards ___ Other	<b>Interest in Quitting:</b>  ___ Not interested  ___ Interested but not ready  ___ Taken steps  ___ Ready to quit  ___ Smoke-free	<b>Client agrees to:</b> ___ Think about quitting      ___ Cut down ___ Set a quit date:            ___ Prepare to quit --/--/---- ___ Quit                            ___ Stay smoke-free  ___ Take self-help materials      ___ Do nothing  <b>Refer Client to:</b> CFR ___ Social Work ___ OB ___  Others _____	<b>Problems/Barriers:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <b>Initials:</b> _____	<b>Date of Follow-up call:</b> ___/___/___  <b>Date of Referral:</b> ___/___/___  <b>Comments:</b> _____ _____ _____ _____ _____
<b>Date of Visit:</b> ___/___/___  Trimester: ___1___2___3 ___PP	<b># Cigs. per day in last 30 days:</b>  ___ More than 1 pack  ___ Between ½-1 pack  ___ Less than ½ pack  ___None	<b>Topics discussed?</b> ___ Benefits ___ Support ___ Strategies ___ Hazards ___ Other	<b>Interest in Quitting:</b>  ___ Not interested  ___ Interested but not ready  ___ Taken steps  ___ Ready to quit  ___ Smoke-free	<b>Client agrees to:</b> ___ Think about quitting      ___ Cut down ___ Set a quit date:            ___ Prepare to quit --/--/---- ___ Quit                            ___ Stay smoke-free  ___ Take self-help materials      ___ Do nothing  <b>Refer Client to:</b> CFR ___ Social Work ___ OB ___  Others _____	<b>Problems/Barriers:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <b>Initials:</b> _____	<b>Date of Follow-up call:</b> ___/___/___  <b>Date of Referral:</b> ___/___/___  <b>Comments:</b> _____ _____ _____ _____ _____