Patient ID: _____ Clinic: _____ Date: ____/____/____

VITALS AND NICOTINE USE

Date vitals were measured (mm/dd/yyyy):	

	Measured?	Result	Units
Height	○ Yes ○ No		○ inches ○ cm
Weight	○ Yes ○ No		○ pounds ○ kilograms
Systolic Blood Pressure	○ Yes ○ No		
Diastolic Blood Pressure	○ Yes ○ No		

Nicotine Use	
Is the client currently smoking tobacco, chewing tobacco or vaping nicotine?	○ Yes ○ No
Is the client currently using nicotine replacement treatment (patches, gum, lozenges, prescription nicotine inhaler, etc.)?	○ Yes ○ No

Health Care Insurance					
What is the client's current health care insurance(s)?	○ Medicaid	○ Medicare	○ Private	○ Self-pay	○ Other