



Tobacco Cessation Action Plan

As part of my recent diagnosis, my physician has indicated that tobacco cessation is crucial to my successful treatment. I agree to the following plan indicated below by a check mark.

- 1(800) QUIT-NOW (Call 1-800-784-8669 for free counseling from trained coaches)
- Tobacco Cessation classes (individual or group) offered by Optima Health (Call 1-800-736-8272 to register for free classes)
- "Get off Your Butt: Stay Smokeless for Life" at-home tobacco cessation program (Call 1-800-736-8272 to request a free program)
- Telephonic health coaching through Web MD Health Services (*Optima Health members only* login on [www.optimahealth.com](http://www.optimahealth.com))
- Care Management (Call Member Services number on your health plan ID card)
- Online tobacco cessation program (suggest: American Lung Association "Freedom from Smoking")
- Other (e.g. nicotine patch, gum, prescription medication; please specify below):

I will not use tobacco products after my "quit date" of \_\_\_\_\_.

In the event that I cannot complete the plan as discussed and outlined above, I will call my health care provider to get a new plan in place.

\_\_\_\_\_  
Patient Name - Print

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Health Care Partner/Provider– Print Name

\_\_\_\_\_  
Health Care Partner/Provider Signature