

Tobacco Cessation 3 Month Follow-Up Assessment

Take this assessment within 3 months of referral if caregiver was referred to services due to tobacco use.

Date: _____ Staff: _____

Case Number: _____

1. Date Referral was made: _____

2. Updated Status:

No longer in need

Waitlisted

Receiving Service

Family refused service

Denied Service

Completed Service

3. Are you currently using tobacco products?

Yes

No

Notes:
