




You Can Make It Happen ORDER FORM

Name _____ Organization _____ Mailing address _____

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|--------------------------------|--|---|--|---|--|
| <p>Quantity ____ pads</p> | <p>Tear-Off pads (5x8, 50 sheets per pad)</p> <p>Provides:</p> <ul style="list-style-type: none"> tips to help your client/patient quit facts about tobacco use quit plan worksheet Smokers' Helpline phone number for referral |  | <p>Quantity ____ buttons</p> | <p>Smokers' Helpline Ask Me Button</p> <p>Signals to clients that you are able to provide cessation services.</p> |  |
| <p>Quantity ____ cards</p> | <p>5 A's Pocket Card (6 x 3.75, laminated)</p> <p>Describes the 5A's.</p> <p>Contains helpful counseling tips to use with clients.</p> | <p>5A Tobacco Use Intervention</p> <p>ASK About Tobacco Use at Every Opportunity</p> <ul style="list-style-type: none"> "Have you used tobacco in the last 6 months?" Ensure tobacco use status is documented. <p>ADVISE All Tobacco Users to Quit</p> <ul style="list-style-type: none"> Urge every tobacco user to quit in a way that is personally relevant. <p>ASSESS All Tobacco Users' Readiness to Quit</p> <ul style="list-style-type: none"> Ask every tobacco user if they are ready to make a quit attempt at this time. Assess how important it is for them, and how confident and ready they are to make a change (see reverse for Readiness Ruler). <p>ASSIST All Tobacco Users in Quitting</p> <ul style="list-style-type: none"> Build motivation to change (see reverse for Decisional Balance). Help the patient make a quit plan. <ul style="list-style-type: none"> Set a quit date within two weeks. Discuss stop smoking medications. Review past quit experiences. Identify triggers and brainstorm strategies. Discuss alcohol and other drug use. Assist patient to identify social support. <p>ARRANGE Follow-Up or Referral</p> <ul style="list-style-type: none"> For smoking cessation: <ul style="list-style-type: none"> Smokers' Helpline Fax Referral Form For other tobacco-related information: <ul style="list-style-type: none"> Contact Your Local Public Health Unit | <p>Quantity ____ each poster</p> | <p>Health Care Professional Posters (11x17)</p> <p>Describes the 5As.</p> <p>Reminds health care providers to support patient/client quit attempts.</p> <p><u>Check all that apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dental <input type="checkbox"/> Family Health Team/ CHC <input type="checkbox"/> Hospital <input type="checkbox"/> Optometrists <input type="checkbox"/> Pharmacist <input type="checkbox"/> Reproductive Health |  |

Please email your completed form to mbennett@ontario.cancer.ca or fax to 905.574.8327.