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**SMOKING CESSATION INTAKE FORM**

Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name [print]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *and I have the desire to quit!*

(Please note: if you are being treated for clinical depression or any other diagnosed psychological disorder, I will need a medical referral from your treating physician. Thank you.)

I smoke: (circle all) Cigarettes Cigars Pipe Marijuana Chewing Tobacco

Amount I smoke per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age I began smoking: \_\_\_\_\_\_\_\_\_

Years I’ve smoked: \_\_\_\_\_\_\_\_\_\_\_\_\_ I have quit before: No Yes, for \_\_\_\_\_\_\_\_\_\_mos./yrs.

When I quit before, I was re-triggered because:

The reasons I first started smoking:

The reasons I’ve continued smoking:

LIST ALL OF YOUR SMOKING TIMES OF THE DAY, AND HOW MANY YOU SMOKE

(example) when I wake up with coffee, 2

LIST ALL OF YOUR SMOKING TRIGGERS, AND HOW MANY YOU SMOKE:

Example: when I see my friends smoking, 2 – 5 cigarettes

When I’m stressed = 1 or more

I feel that there is a part of me that may still resist being a non-smoker: Yes No

I name this part of me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hate smoking because:

The feelings that I have right now about entering this process are:

I know that my life will improve as a non-smoker. Here are at least three specific reasons that I want to quit smoking:

1.

2.

3.

LIST ALL OF THE MIND GAMES YOU PLAY WITH YOUR SMOKING HABIT

What are your self-sabotaging thoughts about becoming a non-smoker or wanting to quit?

Rate your fear of failure (scale of 0 – 10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The strength of the craving to smoke for me (scale of 0 – 10, and it is probably a range of strengths) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU CAN BECOME AND REMAIN A SUCCESSFUL NONSMOKER FOREVER!

Smoking is “the largest preventable cause of death in America.”

Smoking is the single major cause of cancer mortality = 30% of all cancer deaths.

Smoking is also linked to heart disease, lung diseases, stroke. Congratulations on your decision to become and remain a non-smoker forever, choosing life, health and energy.

How much money do you spend on cigarettes per year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does it take you to smoke each cigarette? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of your cigarettes do you enjoy? \_\_\_\_\_\_\_\_\_\_\_\_\_

So how many minutes of perceived enjoyment do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

We’ll talk about some nutrition, brain chemistry and blood sugar issues in your session. Making a few changes helps you have an easier quit.

There are 4 groups of smokers. We’ll discuss this in our session.

Do you have fears of gaining weight? \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you harbor the thought that after you quit, you can “have just one?” \_\_\_\_\_\_\_\_

One usually ignites the whole habit. One will kill you.

With hypnosis, you will forget the urges to smoke because your mind is powerful and you are putting that power, that energy on your goal of being a successful non-smoker.

Do you know about the process of growing tobacco and how cigarettes are made? \_\_\_\_\_

Nicotine is gone from your system in 3-5 days! Most of my clients do not have withdrawal symptoms when they quit.

What is the toughest part of thinking about becoming a non-smoker?

Rate your fear of failure (scale of 0 -10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The intensity of craving smoking for me (scale of 0 -10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Share any other things about your habit not covered in the above questions.

*Thanks for taking time to give me the info I need to help you be smoke-free!*