

STOP SMOKING REGISTRATION FORM

To assist us with the preview of your personal information and expedite the consultation, please complete this registration form.

Your success is our #1 priority. Assist us in helping you to attain that success by filling out this questionnaire as completely as possible. This information will be kept strictly confidential.

Last Name: _____ First Name _____

Address: _____

Phone Number: Home _____ Cell _____

Where did you hear about us? (Circle all that apply)

Newspaper TV Yellow Pages Radio

How were you referred to our office? _____

Who is your physician and what is their specialty? _____

Physician's office location (City/State) _____

Do you object to us contacting him or her about your success? _____

Do you spend more than \$100 a month on smoking? (See chart below) _____

Do you feel that smoking controls or interferes in your life? _____

Which of these fears do you have of stopping smoking? (Please circle all that apply):

Weight Gain Withdrawal Giving Up Best Friend/Crutch None

Do other members of your family smoke? _____

If Yes who? _____

Do you have a smoking related illness? _____

If Yes Please Explain: _____

How many cigarettes per day do you smoke? _____

Number Years Smoking? _____

Circle the strongest desire to stop smoking, with 10 equaling the strongest.

1 2 3 4 5 6 7 8 9 10

What methods have you used to stop smoking before? _____

Did you stop? _____

For how long? _____

cigarettes smoked per day	cost per DAY	cost per WEEK	cost per MONTH	cost per YEAR	cost per 5 YEARS	cost per 10 YEARS
5	\$1.50	\$10.50	\$45.61	\$547	\$2,735	\$5,470
10	\$3.00	\$21.00	\$91.22	\$1,094	\$5,470	\$10,940
20	\$6.00	\$42.00	\$182.00	\$2,188	\$10,940	\$21,880
30	\$9.00	\$63.00	\$273.00	\$3,282	\$16,410	\$32,820
40	\$12.00	\$84.00	\$364.00	\$4,376	\$21,880	\$43,760
60	\$18.00	\$126.00	\$547.00	\$6,564	\$32,820	\$65,640

Based on a cost of \$6.00 per pack of cigarettes.