



## TPTCM Form Completion Flowchart

Timing:	Initial Contact (or first contact using DAISEY)	Each Encounter
Mandatory Form Completion:	<ul style="list-style-type: none"><li>• Caregiver (Adult) Profile</li><li>• KDHE Program Visit Form</li><li>• TPTCM Service Form</li></ul>	<ul style="list-style-type: none"><li>• KDHE Program Visit Form</li><li>• TPTCM Service Form</li></ul>
As Needed Form Completion:	<ul style="list-style-type: none"><li>• KDHE Program Referral Form</li><li>• Smoking History Survey</li><li>• Edinburgh</li></ul>	<ul style="list-style-type: none"><li>• KDHE Program Referral Form</li><li>• Smoking History Survey</li><li>• Edinburgh</li></ul>