

PATIENT COPY



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FAX REFERRAL FORM

Provider

1. Print Patient Name (Last, First) _____ 2. Today's Date _____
3. DOB ____/____/____ 4. Pregnant Yes ___ No ___ 5. Disabled Yes ___ No ___
6. Language Spoken _____
7. Provider _____ 8. Clinic Name and Department _____
9. Address, City and Zip _____
10. Phone (____) ____-____ Fax (____) ____-____

Patient

_____ Patient Initials

I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.

- Patient Signature _____ Today's Date _____
- Patient Address Street _____ City _____, KS ZIP _____
- Phone (____) ____-____ Alternate Phone (____) ____-____

The Quitline will call you. Please check the best times for the Quitline to reach you.

- Morning Afternoon Evening Weekend

If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline?
 ___Y ___N

What is the Kansas Tobacco Quitline?

The Quitline is a free service that provides information about quitting, one-on-one cessation counseling over the telephone, and referrals to community resources. The Quitline has been proven to help people quit using tobacco.

How does telephone counseling work?

A Quitline Counselor will work with you to determine your readiness to quit, discuss your options for using nicotine replacement products or other cessation aids, assist you in developing a quit plan that is right for you, and schedule up to four follow-up sessions to coach you through your quitting process and encourage you along the way.

What happens next?

After receiving this form from your health care provider, a Quitline counselor will call you to get started. If you've agreed, the specialist will also send information back to your provider to confirm that you've been contacted and provide general information about the services you received.

If you like, you can call the Kansas Tobacco Quitline yourself. The call is free. The Quitline number is 1-866-KAN-STOP.