

PROVIDER COPY



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FAX REFERRAL FORM

PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528

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

(FOR PROVIDER STAFF ONLY)

| ASK | ADVISE | ASSESS | ASSIST | ARRANGE |
|-------------------------------------|--------------------------------|--------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| Date _____ | <input type="radio"/> Clear | <input type="radio"/> No Interest | <input type="radio"/> Set quit date____ | <input type="radio"/> Referral to Quitline |
| Initial _____ | <input type="radio"/> Strong | <input type="radio"/> Quit Later | <input type="radio"/> Suggest problems solving methods | <input type="radio"/> Referral to cessation groups |
| # of tobacco products per day _____ | <input type="radio"/> Personal | <input type="radio"/> Ready within 30 days | <input type="radio"/> Provide social support | <input type="radio"/> Follow-up appointment given |
| # of years tobacco used _____ | | <input type="radio"/> Maintenance | <input type="radio"/> Discuss tobacco user's environment | <input type="radio"/> Discuss NRT |
| | | <input type="radio"/> Relapse | <input type="radio"/> Provide materials | |

Please give patient a PATIENT copy before faxing to the Kansas Tobacco Quitline (877) 747-9528