



## Tennessee Tobacco QuitLine Fax Referral/Consent Form

### Health Care Provider Information – Please Print

Health Care Provider ( First Last, Title):

Fax Number: ( ) -

Attention:

Phone: ( ) -

Email:

Have you discussed this tobacco cessation program with this patient?       YES       NO

### Patient Information – Please Print

First Name:

Last Name:

Middle Initial:

Mailing address:

City:

State/Zip:

Phone: ( ) -

E-mail:

May we leave a message:     YES     NO

Language Preference:     English     Spanish    Other:

The Tennessee Tobacco Quitline Staff can call me during the following times (check all that apply):

7am-10am       10am-1pm       1pm-4pm       4pm-7pm       7pm-10pm

I give my consent for the Tennessee Tobacco Quitline to call me and provide follow-up to my healthcare provider:

\_\_\_\_\_ (patient signature)

### Follow-up Information for Referring Provider:

**Internal Use Only:** Thank you for your referral to the TN Tobacco Quitline. Please note we make at least 3 attempts to reach a patient for enrollment. Below is the status of your referral:

- |  |  |
|--|--|
| <input type="checkbox"/> Patient was contacted and has declined services   | <input type="checkbox"/> Patient was contacted and registered for counseling         |
| <input type="checkbox"/> Patient was not contacted after multiple attempts | <input type="checkbox"/> Patient was contacted and opted to receive information only |

Complete and send to IQH, Tennessee Tobacco Quitline, 385 B Highland Colony Parkway, Suite 503, Ridgeland, MS 39157 or **Complete** and **Fax** this form to: **1-800-692-9023** or **Email to:** [referrals@iqhquitline.com](mailto:referrals@iqhquitline.com)

(for additional copies or to download go to [www.tnquitline.org](http://www.tnquitline.org))

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