

# PATIENT FAX REFERRAL FORM

Today's Date \_\_\_\_\_

## FAX-TO-QUIT

Fax Referral Program

Fax form to: 1-800-261-6259



Use this form to refer patients who are ready to quit tobacco to the Colorado QuitLine.

### PROVIDER(S): Complete this section

Provider name	Contact name
Clinic/Hosp/Dept	E-mail
Address	Phone ( ) -
City/State/Zip	Fax ( ) -

Does patient have any of the following conditions?  
 pregnant     uncontrolled high blood pressure     heart disease

If yes, please sign to authorize the QuitLine to send the patient free, over-the-counter nicotine replacement therapy.  
If provider does not sign and the patient has any of the above listed conditions, the QuitLine cannot dispense medication.

**Provider signature** \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

### PATIENT: Complete this section

\_\_\_\_\_  
*Initial* Yes, I am ready to quit and ask that a QuitLine coach call me. I understand that the Colorado QuitLine will inform my provider about my participation.

Best times to call?     morning     afternoon     evening     weekend  
May we leave a message?     Yes     No

Date of birth:    /    /    Gender     M     F  
Patient name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ CO \_\_\_\_\_  
Zip code \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone #1 ( ) - \_\_\_\_\_ Phone #2 ( ) - \_\_\_\_\_  
Language     English     Spanish     Other \_\_\_\_\_  
Are you hearing impaired and need assistance?     Yes     No

**Patient signature** \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE FAX TO: 1-800-261-6259

Or mail to: Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, Denver, CO 80206

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.



**1.800.QUIT.NOW**

Patients who use tobacco are **nine times more likely to quit** long term when using the free Colorado QuitLine services compared to quitting on their own.

A brief tobacco intervention (Ask, Advise, Refer) by a healthcare provider significantly increases the likelihood that a patient will make a quit attempt.

**ASK** every patient at each encounter about tobacco use and document status.

**ADVISE** every tobacco user to quit with a clear, strong, personalized health message about the benefits of quitting.

**REFER** patients who are ready to quit tobacco in the next 30 days by faxing the referral form to the Colorado QuitLine.

#### FAX-TO-QUIT PROGRAM

- The Fax-to-Quit program offers healthcare providers a quick and efficient way to refer their patients to an evidence-based cessation service.
- Healthcare providers should refer any patient who indicates a readiness to quit in the next 30 days.
- The Colorado QuitLine offers confidential tobacco cessation coaching and free nicotine patches to those medically eligible.

#### HOW FAX-TO-QUIT WORKS

- Healthcare providers fax the completed QuitLine Fax-to-Quit referral form to 1-800-261-6259.
- Patients receive a call from the QuitLine to enroll them in the program and schedule up to five personalized behavioral coaching sessions.
- Patients who are medically eligible receive a free supply of nicotine replacement therapy by mail.
- Information about the patient's enrollment status is faxed back to the healthcare provider.

#### ADDITIONAL TOBACCO CESSATION RESOURCES

Free posters and patient educational materials for healthcare providers and community organizations are available at [www.steppitems.com](http://www.steppitems.com).

For additional fax referral forms, tobacco cessation tools, and educational opportunities, visit: <http://coloradoguidelines.org/tobacco>.