

Michigan Tobacco Quitline FAX Referral Form

Fax Number: 1-800-483-3114

Provider Information:

Fax Sent Date: ___/___/___

Clinic Name: _____

Health Care Provider: _____

Fax Contact Name: _____

I am a HIPAA-Covered Entity (Please check one) Yes No I Don't Know

Fax: (____) _____ - _____ Phone: (____) _____ - _____

Comments:

Patient Information:

Gender: ___ Male / ___ Female

Pregnant? ___ Y ___ N

Patient Name: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Primary #: (____) _____ - _____ Type: ___ HM ___ WK ___ CELL ___ OTHER

Secondary #: (____) _____ - _____ Type: ___ HM ___ WK ___ CELL ___ OTHER

Language Preference (check one): ___ English ___ Spanish ___ Other _____

Tobacco Type (check ALL that apply): ___ Cigarettes ___ Smokeless Tobacco ___ Cigar ___ Pipe

_____ I am ready to quit tobacco and request the **Michigan Tobacco Quitline** contact me to help
(Initial) me create my quit plan.

_____ I **DO NOT** give my permission to the **Michigan Tobacco Quitline** to leave a message
(Initial) when contacting me.

Congratulations on having taken this important step! Telephone support from a Tobacco Treatment Quit Coach® will greatly increase your chance of success.

Patient Signature: _____ Date: ___/___/___

The Michigan Tobacco Quitline will call you. Please check below the BEST 3-hour time frame during the week for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

6am - 9am 9am - 12pm 12pm - 3pm 3pm - 6pm 6pm - 9pm

Within this 3-hour time frame, please contact me at (check one): _____hm/_____wk/_____cell

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