



**TOBACCO  
REDUCTION  
AND  
PREVENTION**



**WISEWOMAN**

**PATIENT FAX REFERRAL FORM**

**Fax to: 1-800-261-6259**

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

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Michigan Tobacco Quitline.

**PROVIDER(S): Complete this section**

Provider name \_\_\_\_\_ Contact Name \_\_\_\_\_

Clinic/Hosp/Dept **WISEWOMAN** \_\_\_\_\_ 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 Michigan Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the Michigan Tobacco Quitline cannot dispense medication.

Provider Signature \_\_\_\_\_

Please Check:  Patient agreed with clinician to be referred to the Michigan Tobacco Quitline.

**PATIENT: Complete this section**

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

Best times to call? morning afternoon evening weekend

May we leave a message? Yes No

Are you hearing impaired and need assistance? Yes No

Date of Birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M F

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone #1 ( ) - \_\_\_\_\_ Phone #2 ( ) - \_\_\_\_\_

Language English Spanish Other \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Or mail to: Michigan Tobacco Quitline., c/o National Jewish Health®, 1400 Jackson St., S117A, 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.