

# Michigan Tobacco Quitline FAX Referral Form

Fax Number: 1-800-483-3114

**Provider Information:**

Fax Sent Date: 02 / 10 / 2011

Clinic Name: District Health Department #1

Health Care Provider: WISEWOMAN

Fax Contact Name: Carrie Counselor

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

Fax: (999) 999 - 9999

Phone: (999) 999 - 8888

Comments:

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**Patient Information:**

Gender: \_\_\_ Male /  Female

Pregnant? \_\_\_ Y  N

Patient Name: Sally Smoker DOB: 01 / 01 / 1959

Address: 123 Pine St City: Wisetown Zip: 12345

Primary #: (999) 888 - 8888 Type:  HM \_\_\_ WK \_\_\_ CELL \_\_\_ OTHER

Secondary #: (999) 123 - 4567 Type: \_\_\_ HM \_\_\_ WK  CELL \_\_\_ OTHER

Language Preference (check one):  English \_\_\_ Spanish \_\_\_ Other \_\_\_

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

SS 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: Sally Smoker

Date: 02 / 10 / 2011

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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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