

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:

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

Carrie Counselor
Health Educator

Carrie Counselor 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.

Carrie Counselor, signing for my patient, Sally Smoker, received telephone consent.

Patient Signature: _____ Date: 02 / 10 / 2011

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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