



1-800-QUIT-NOW (784-8669)

KANSAS TOBACCO USE PREVENTION PROGRAM

**FAX REFERRAL FORM**

**\*\*PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528\*\***

Provider

Print Patient Name (Last, First) \_\_\_\_\_ Today's Date \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pregnant \_\_\_\_ Yes \_\_\_\_ No

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

Provider \_\_\_\_\_

Clinic Name & Department \_\_\_\_\_

Address, City and Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Patient

Patient Initials

**I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.**

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient Address \_\_\_\_\_ City \_\_\_\_\_, KS Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**The Quitline will call you. Please check the best times for the Quitline to reach you.**

- Morning   
  Afternoon   
  Evening   
  Weekend

**If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline? \_\_\_\_Yes \_\_\_\_No**

Provider

**(FOR PROVIDER STAFF ONLY)**

ASK	ADVISE	ASSESS	ASSIST	ARRANGE
Date _____ Initial _____ # of tobacco products per day _____ # of years tobacco used _____	<input type="checkbox"/> Clear <input type="checkbox"/> Strong <input type="checkbox"/> Personal	<input type="checkbox"/> No Interest <input type="checkbox"/> Quit Later <input type="checkbox"/> Ready within 30 days <input type="checkbox"/> Maintenance <input type="checkbox"/> Relapse	<input type="checkbox"/> Set quit date _____ <input type="checkbox"/> Suggest problems solving methods <input type="checkbox"/> Provide social support <input type="checkbox"/> Discuss tobacco user's environment <input type="checkbox"/> Provide materials	<input type="checkbox"/> Referral to Quitline <input type="checkbox"/> Referral to cessation groups <input type="checkbox"/> Follow-up appointment given <input type="checkbox"/> Discuss NRT

**Please give patient the YELLOW copy before faxing to the Kansas Tobacco Quitline (877) 747-9528.**

Kansas Department of Health and Environment, Tobacco Use Prevention Program, 316-337-6056

White copy: Provider

Yellow Copy: Patient