

FAX REFERRAL FORM

Updated 2017

1.800.QUITNOW

QUITNOWALABAMA.COM

1-800-784-8669

To be contacted by **Quit Now Alabama**, fax this completed form to: **1-800-692-9023—fax # effective April 1, 2017**

REFERRING ORGANIZATION: Complete this section

Organization/
Practice

Contact Name

Clinic/Hosp/Dept

E-mail

Address

Phone () -

City/State/Zip

Fax () -

*If you do not wish to receive fax-back updates on patient referrals enter **NA** for fax number.*

Referrer Signature

Date

Are you a Medical Provider: Yes No

If Yes, please provide credentials: _____

Please Check: Participant agreed to be referred to **Quit Now Alabama**.

PROVIDER: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions: Pregnant/Breastfeeding Recent heart attack (past 2 weeks)

Recent stroke (past 2 weeks) Unmanaged high blood pressure Unmanaged heart arrhythmia OR Under 18 years old

If yes, please sign to authorize **Quit Now Alabama** 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, **Quit Now Alabama** cannot dispense medication.

Provider Signature

Date

PATIENT: Complete this section

Yes, I am ready to quit and ask that a coach call me. I understand that **Quit Now Alabama** may inform the referring party about my participation.

Initial _____

Best times to call: Morning Afternoon Evening Weekend

May we leave a message: Yes No

Date of Birth? / / Gender Male Female

Patient Name (Last) (First)

Address City State

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language English Spanish Other _____

Patient Signature

Date

If no patient signature available: Check to Verify Patient Consent is on File.

The Quit Now Alabama Program will call you within 24 hours of receiving this referral. The call will come from "800-784-8669." In addition the Quitline is open 7 days a week.

FOR QUITLINE REFERRAL, PLEASE FAX COMPLETED FORM TO: **1-800-692-9023**

For additional forms, visit www.adph.org/tobacco