

# FAX-TO-QUIT REFERRAL FORM

Date \_\_\_\_\_



Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

## PROVIDER(S): Complete this section

Provider name _____	Contact name _____
Clinic/Hosp/Dept _____	E-mail _____
Address _____	Phone ( ) - _____
City/State/Zip _____	Fax ( ) - _____

**PLEASE INDICATE IF THE PATIENT HAS MEDICAID:**  YES  NO

If yes, and you are prescribing tobacco cessation medication, please complete the Medicaid prior-authorization form on the back of this form and provide patient with a prescription. All FDA-approved tobacco cessation medications are available.

Does patient have any of the following conditions?

pregnant  uncontrolled high blood pressure  heart disease

**YES**, I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.

### Provider signature

A provider signature is required to authorize the QuitLine to dispense nicotine replacement therapy for patients with any of the above conditions.

Comments \_\_\_\_\_

## PATIENT: Complete this section

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

Best times to call?  morning  afternoon  evening  weekend

May we leave a message?  Yes  No

Are you hearing impaired and need assistance?  Yes  No

Insurance?  Yes  No

Insurance carrier: \_\_\_\_\_

Member ID: \_\_\_\_\_

Medicaid?  Yes  No

Date of birth: / / Gender  M  F

Patient name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ CO \_\_\_\_\_

Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

**Patient signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PLEASE FAX THIS PATIENT FAX REFERRAL FORM TO: 1-800-261-6259

Or mail to: Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, 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.

