



Tennessee Tobacco QuitLine Fax Referral/Consent Form

Health Care Provider Information – Please Print

Health Care Provider (First Last, Title):

Fax Number: () -

Attention:

Phone: () -

Email:

Have you discussed this tobacco cessation program with this patient? ☐ YES ☐ NO

Patient Information – Please Print

First Name:

Last Name:

Middle Initial:

Mailing address:

City:

State/Zip:

Phone: () -

E-mail:

May we leave a message: ☐ YES ☐ NO

Language Preference: ☐ English ☐ Spanish Other:

The Tennessee Tobacco Quitline Staff can call me during the following times (check all that apply):

☐ 7am-10am ☐ 10am-1pm ☐ 1pm-4pm ☐ 4pm-7pm ☐ 7pm-10pm

I give my consent for the Tennessee Tobacco Quitline to call me and provide follow-up to my healthcare provider:

_____(patient signature)

Follow-up Information for Referring Provider:

Internal Use Only: Thank you for your referral to the TN Tobacco Quitline. Please note we make at least 3 attempts to reach a patient for enrollment. Below is the status of your referral:

- | | |
|--|--|
| <input type="checkbox"/> Patient was contacted and has declined services
<input type="checkbox"/> Patient was not contacted after multiple attempts | <input type="checkbox"/> Patient was contacted and registered for counseling
<input type="checkbox"/> Patient was contacted and opted to receive information only |
|--|--|

Complete and send to IQH, Tennessee Tobacco Quitline, 385 B Highland Colony Parkway, Suite 503, Ridgeland, MS 39157 or
Complete and **Fax** this form to: **1-800-692-9023** or **Email to:** referrals@iqhquitline.com

(for additional copies or to download go to www.tnquitline.org)

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