



PATIENT FAX REFERRAL FORM

Today's Date _____
 Fax to: 1-800-261-6259

Use this form to refer patients who are ready to quit tobacco in the next 30 days to Quit Now Kentucky.

PROVIDER(S): Complete this section

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

PATIENT: Complete this section

_____ Yes, I am ready to quit and ask that a quitline coach call me. I understand that Quit Now Kentucky will inform my
Initial 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

Date of Birth? ____ / ____ / ____ Gender M F

Patient Name (Last) _____ (First) _____

Address _____ City _____ KY

Zip Code _____ E-mail _____

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

Language English Spanish Other _____

Patient Signature _____ **Date** _____

PLEASE FAX TO: 1-800-261-6259

Or mail to: Quit Now Kentucky, c/o National Jewish Health®, 1400 Jackson St., S117A, 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.



Patients who use tobacco are **nine times more likely to quit** long term when using the free Quit Now Kentucky services compared to quitting on their own.

FAX REFERRAL PROGRAM IN 5 EASY STEPS

1. Ask about client's, or their parent's/guardian's tobacco use at each visit.
2. Advise tobacco users about the health consequences of tobacco use and determine if they would like to quit.
3. If so, complete the Client Referral/Consent form and fax it to **1-800-261-6259**.
4. Prescribe pharmacotherapy, if appropriate, or advise about NRT for relief from withdrawal symptoms and to aid with quitting.
5. Information about the patient's enrollment status is faxed back to the healthcare provider.

ADDITIONAL TOBACCO CESSATION RESOURCES

For additional fax referral forms and quitline materials contact:

Bobbye Gray
Tobacco Prevention and Cessation Program
502-564-9358, extension 4017

Quitline materials are also available at
<http://CHFS.KY.gov/ktpc>