



Insert your company's logo here.

**Fax To #: 1-601-899-8650**

<b>Client Information</b>	<p>Client's Name: _____ Date: _____</p> <p>Telephone #: _____ Email address: _____</p> <p>Best Contact Time: Daytime: _____ Evening: _____</p> <p>Relationship to client: Self _____ Parent/Guardian/Other _____</p> <p>Signature for Consent: _____ Date: _____</p> <p>I hereby authorize my healthcare provider to release to the Kentucky Tobacco Quit Line, my contact information and information regarding my tobacco use. This authorization is continuing. I understand that the Kentucky Tobacco Quit Line will be contacting me to provide information, offer support in quitting tobacco and will provide progress reports to my healthcare provider. My participation is voluntary, I understand that any information I provide will be kept confidential.</p>
<b>Healthcare Provider</b>	<p>I request that Kentucky's Tobacco Quit Line contact the patient/client/minor child for the provision of tobacco cessation services.</p> <p>Complete all of the following:</p> <p>_____ <b>Asked</b> about tobacco use</p> <p>_____ <b>Advised</b> not to use tobacco</p> <p>_____ <b>Referred</b> to the Quit Line with permission</p> <p>Print Name: _____</p> <p>Address: _____</p> <p>Telephone # _____</p> <p>Signature: _____ Date: _____</p>

Send to: Kentucky's Tobacco Quit Line  
 Telephone #: 1-800-QUIT-NOW  
 (1-800-784-8669)  
 TDY/TDD #: 1-800-969-1393

Fax Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Nurse/Staff Signature: \_\_\_\_\_



### **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 **(601) 899-8650**.
4. Prescribe pharmacotherapy, if appropriate, or advise about NRT for relief from withdrawal symptoms and to aid with quitting.
5. Receive Progress Report, for your review, from the Quit Line to file in client record for discussion at the next visit.

Fax Client Referral/Consent form to: (601) 899-8650

For additional fax referral forms and Quit Line materials contact:

Jan Beauchamp, Quit Line Coordinator  
Tobacco Prevention and Cessation Program  
502-564-9358, extension 3817

Quit Line materials are also available at  
<http://chfs.ky.gov/dph/mch/cd/tobacco.htm>