



# LOUISIANA TOBACCO QUITLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

YES

NO

DON'T KNOW

## Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

MALE  FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

HM

WK

CELL

SECONDARY PHONE NUMBER

HM

WK

CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH

SPANISH

OTHER

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

\_\_\_\_ I am ready to quit tobacco and request the Louisiana Tobacco Quitline contact me to help me with my quit plan.

(Initial) By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

\_\_\_\_ I **DO NOT** give my permission to the Louisiana Tobacco Quitline to leave a message when contacting me.

(Initial) **\*\* By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Louisiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM

9AM – 12PM

12PM – 3PM

3PM – 6PM

6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

Primary #

Secondary #

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