



## 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/Dept/Org	E-mail
Address	Phone (    )    -
City/State/Zip	Fax (    )    -
Are you a medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PATIENT: Complete this section

\_\_\_\_\_ Yes, I am ready to quit and ask that a quitline coach call me. I understand that Quit Now Kentucky

*Initial* \_\_\_\_\_ 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

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: Kentucky's Tobacco Quitline, 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

Quit Now Kentucky materials are also available at  
<http://CHFS.KY.gov/ktpc>

To complete and submit this form electronically  
visit

<https://quitnowkentucky.org/ereferral>