

MISSOURI TOBACCO QUITLINE

Fax Number: 1-800-483-3114

FAX REFERRAL FORM

Provider Information:

Date: ___/___/___

Clinic Name: _____

Health Care Provider: _____

Contact Name: _____

I am a HIPAA-Covered Entity (Please check one) Yes No I Don't Know

Fax: (____) ____-____ Phone (____) ____-____

Comments:

Patient Information:

Gender: male female

Pregnant? Y N

Patient Name: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Hm #: (____) ____-____ Wk #: (____) ____-____ Cell #: (____) ____-____

Language Preference (check one): English Other _____

Tobacco Type (check primary use): Cigarettes Smokeless Tobacco Cigar Pipe

____ I am ready to quit tobacco and request the Missouri Tobacco Quit Line contact me to help
(Initial) me with my quit plan.

Patient Signature: _____ Date: ___/___/___

The Missouri Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. The Quitline is open 7 days a week:

7am - 11am CT 11am - 2pm CT 2pm - 5pm CT 5pm - 8pm CT 8pm - 11pm CT

Within this 3-hour time frame, please contact me at (check one): hm wk cell

Missouri Department of Health and Senior Services

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