

Delaware Quitline Fax Referral Form



When complete, please fax to: 1-866-688-7577

Fax Referral is for patients who are **ready to quit in the next 30 days and ready to accept a call from the Quitline.** If neither of these conditions is met, Fax Referral is not appropriate at this time. Instead, provide the patient with Quitline or other tobacco resource information.

PROVIDER

PROVIDER INFORMATION (please print clearly)

Fax sent date: ___/___/___

Facility name: _____

HIPAA-covered entity (please check one): Yes No I don't know

Health care provider: _____

Address: _____ City: _____ Zip: _____

Fax: (_____) _____ - _____ Phone: (_____) _____ - _____

Comments (e.g., patient has COPD, diabetes, any information that might be helpful to the Quitline):

PATIENT

PATIENT INFORMATION (please print clearly)

Pregnant? Yes No

Patient name: _____ D.O.B. _____

Address: _____ City: _____ ZIP: _____

Phone: (_____) _____ - _____ Alternate phone: (_____) _____ - _____

Language preference (check one): English Other: _____

Tobacco type (check primary use): Cigarettes Chew/Spit Cigar Pipe

(Initial) I am ready to quit tobacco and request the Delaware Quitline contact me to help me with my quit plans.

(Initial) I DO NOT give my permission to the Delaware Quitline to leave a message when contacting me.
Note: By not initialing, you are giving your permission for the Delaware Quitline to leave a message.

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

The Delaware Quitline will call you. The call will come from "Alere Wellbeing (formerly Free & Clear, Inc.)" area code "206." Please check the best times for them to reach you in the next **72 hours**. The Quitline is open 7 days a week:

8am-11am 11am-2pm 2pm-5pm 5pm-8pm 8pm-11pm

Note: All times above are Eastern Standard Time.

Comments (e.g., I'm not available weekends, prefer Tues or Thurs, after 9pm, etc.):

Patient signature: _____ Date: ___/___/___

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.