FAX REFERRAL FORM

To be contacted by the **Nevada Tobacco Quitline** fax this completed form to: **1-800-261-6259**

REFERRING ORGANIZATION: Complete this section

Organization/ Practice _____ Contact Name _____

Clinic/Hosp/Dept _____ E-mail _____

Address _____ Phone ( ) -

City/State/Zip _____

Fax ( ) - *If you do not wish to receive fax-back updates on patient referrals enter **NA** for fax number.*

Referrer Signature _____ Date _____

Are you a Medical Provider: ☐ Yes ☐ No *If Yes, please provide credentials:*_____

Please Check: ☐ Participant agreed to be referred to **Nevada Tobacco Quitline**.

PROVIDER: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions: ☐ Pregnant/Breastfeeding ☐ Uncontrolled high blood pressure ☐ Heart disease ☐ Stroke

If yes, please sign to authorize the **Nevada Tobacco Quitline** to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the **Nevada Tobacco Quitline** cannot dispense medication.

Provider Signature _____ Date _____

PATIENT: Complete this section

_____ Yes, I am ready to quit and ask that a coach call me. I understand that the **Nevada Tobacco Quitline** may inform the referring party about my participation.

Initial

Best times to call: ☐Morning ☐Afternoon ☐Evening ☐Weekend

May we leave a message: ☐Yes ☐No

Date of Birth? / / Gender ☐Male ☐Female

Patient Name (Last) _____ (First) _____

Address _____ City _____ State _____

Zip Code _____ E-mail _____

Phone #1 ( ) - Phone #2 ( ) -

Language ☐English ☐Spanish ☐Other _____

Patient Signature _____ Date _____

If no patient signature available: ☐ Check to Verify Patient Consent is on File.

The Nevada Tobacco Quitline Program will call you within 24 hours of receiving this referral. The call will come from "**800-784-8669**". In addition the Quitline is open 7 days a week.

FOR QUITLINE REFERRAL PLEASE FAX COMPLETED FORM TO: **1-800-261-6259**