



1-800-QUIT-NOW

# QuitlineNC FAX REFERRAL FORM ENGLISH

Fax completed form to: **1-800-483-3114**

**Referring Organization Information:**

Date Fax Sent: \_\_/\_\_/\_\_

Organization Name: \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
(Hospital - Clinic)

*In order to receive a Participant's Outcome Report, you must be a HIPAA-Covered Entity*

- I am a HIPAA-Covered Entity? (Please check one)  Yes  No  I Don't Know
- Check if you do **NOT** want to receive an Outcomes Report.

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Person Referring: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Person Being Referred to Quitline:**

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female Pregnant?:  Yes  No

Best # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Type: \_\_\_ Home \_\_\_ Work \_\_\_ CELL

Back-up # to call: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Type: \_\_\_ Home \_\_\_ Work \_\_\_ CELL

Language Preference (check one):  English  Spanish  Other - \_\_\_\_\_

\_\_\_\_ (Initial) I am ready to quit tobacco use within the next 30 days, or have recently quit. I request QuitlineNC to contact me to help me with my quit plan.

\_\_\_\_ (Initial) I **DO NOT** give permission to QuitlineNC to leave a message when contacting me.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Check the BEST time for QuitlineNC to call:**

- 6am - 9am  9am - 12pm  12pm - 3pm  3pm - 6pm  6pm - 9pm  9pm - 12am

NOTE: The QuitlineNC is open 7 days a week; but call attempts to participants are only made until midnight. Calls made over the weekend may be made at times outside of the 3-hour time frame selection.

## DOUBLE YOUR CHANCES OF QUITTING FOR GOOD

**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.**

