

Mississippi tobaccoQUITLINE 1.800.QUITNOW

1.800.784.8669

Mississippi Tobacco Quitline Fax Referral/Consent Form

Health Care Provider Information – Please Print

Health Care Provider (First Last, Title):				
Organization/Clinic Full Name:				
Organization:	<input type="checkbox"/> Health Department	<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic	<input type="checkbox"/> Other
Type of Practice:	<input type="checkbox"/> OB-GYN	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other
Fax Number: () -		Attention:		
Phone: () -		Email:		
Have you discussed this tobacco cessation program with this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO				
May IQH provide nicotine replacement therapy products to this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Patient Information – Please Print

First Name:	Last Name:	Middle Initial:
Mailing address:	City:	State/Zip:
Phone: () -	E-mail:	
May we leave a message: <input type="checkbox"/> YES <input type="checkbox"/> NO	Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other :	
The Mississippi Tobacco Quitline Staff can call me during the following times (check all that apply):		
<input type="checkbox"/> 7am-10am <input type="checkbox"/> 10am-1pm <input type="checkbox"/> 1pm-4pm <input type="checkbox"/> 4pm-7pm <input type="checkbox"/> 7pm-9pm		
I give my consent for the Mississippi Tobacco Quitline to call me and provide follow-up to my healthcare provider:		
(patient's signature)		

Follow-up Information for Referring Provider:

Internal Use Only: Thank you for your referral to the MS Tobacco Quitline. Please note we make at least 2 attempts to reach a patient for enrollment. Below is the status of your referral:

<input type="checkbox"/> Patient was contacted and has declined services	<input type="checkbox"/> Patient was contacted and registered for counseling
<input type="checkbox"/> Patient was not contacted after multiple attempts	<input type="checkbox"/> Patient was contacted and opted to receive information only

Complete and send to IQH, Mississippi Tobacco Quitline, 385-B Highland Colony Parkway, Suite 504, Ridgeland, MS 39157 or **Complete** and **Fax** this form to: **(601) 899-8650/1-800-692-9023 or referrals@iqhquitline.com**

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