

FAX REFERRAL FORM

1.800.QUITNOW

QUITNOWALABAMA.COM

1-800-784-8669

To be contacted by **Quit Now Alabama** 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 () -	<i>If you do not wish to receive fax-back updates on patient referrals enter NA for fax number.</i>
Referrer Signature	Date

Are you a Medical Provider: Yes No *If Yes, please provide credentials: _____*
Please Check: Participant agreed to be referred to **Quit Now Alabama**.

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 **Quit Now Alabama** 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, **Quit Now Alabama** cannot dispense medication.

Provider Signature	Date
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PATIENT: Complete this section

_____, Yes, I am ready to quit and ask that a coach call me. I understand that **Quit Now Alabama** 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
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If no patient signature available: Check to Verify Patient Consent is on File.

The Quit Now Alabama 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**

For additional forms visit www.adph.org/tobacco