



1-800-QUIT-NOW

North Carolina Tobacco Use Quitline FAX REFERRAL FORM

Double Your chances of Quitting for Good



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



Date Fax Sent: ___/___/___

Provider Information:

Hospital-Clinic Name: _____ (ex. UNC Hospitals - Pulmonology)

Contact Name: _____ (for feedback on patient's service status)

Hospital/Clinic Fax: (____) _____ - _____ Contact's Phone: (____) _____ - _____

I am a HIPAA-Covered Entity (Please check one) Yes No I Don't Know

Patient Information: Gender: Male Female Pregnant? Yes No

Patient Name: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

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 within 30 days and request the North Carolina Tobacco Use Quitline contact me to help me with my quit plan.

____ (Initial) I **DO NOT** give permission to the North Carolina Tobacco Use Quitline to leave a message when contacting me.

Patient Signature: _____ **Date:** ___/___/___

The North Carolina Tobacco Use Quit Line will call you. Please check the BEST time frame for them to reach you. NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

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

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