West Virginia TOBACCO QUIT LINE

1-800-QUIT-NOW | 1-877-966-8784

FAX-TO-QUIT Referral Form

1-800-QUIT-NOW

West Virginia Tobacco Quitline

FAX TO: 1-866-900-4833

TODAY'S DATE: ___/___/___

FAX BACK #: (___) _____-_____

Referred By: _____

Organization: _____

Address: _____

City: _____ Zip: _____

Phone: (____) ____-_____

☐ Physicians Office ☐ Dentist Office

☐ Other Setting: _____

QUITLINE USE ONLY

Participant Enrolled ☐

Unable to Reach Participant ☐

Date: ___/___/___

Patient Consent and Personal Information Section:

☐ I understand that the WV Tobacco Quitline will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give The WV Tobacco Quitline and/or my physician/provider permission to discuss my referral.

Patient Name (please print): _____

✔ Patient or Guardian Signature: _____

☐ Verbal Consent Received (if no signature above)

✔ Person Obtaining Verbal Consent (sign and print):

_____

Date of Birth: ___/___/___

County of Residence: _____

Insurance Carrier: _____

If Medicaid, ID#: _____

Phone: (___) ___-_____

☐ Home ☐ Work ☐ Cell

Best Time to Call:

☐ 8am to 12pm

☐ 12pm to 5pm

☐ 5pm to 8:30 pm

☐ Specific: _____

May We Leave a Message?:

☐ Yes ☐ No

☐ English Speaker

☐ Spanish Speaker

Provider covered contraindications and gives consent for participant to use NRT: ☐ YES ☐ NO

✔ Provider Signature: _____

For additional info or questions, please contact The WV Tobacco Quitline at **1-877-966-8784**
6 Craddock Way, Poca, WV 25159