FAX REFERRAL FORM

PHN

To be contacted by a **Wyoming Quit Tobacco Program** Coach, fax this form to: **1-800-261-6259**

Wyoming QUIT TOBACCO PROGRAM
WY.QUITNET.COM or 1.800.QUIT.NOW

REFERRING ORGANIZATION: Complete this section

Organization/ Practice _____ Contact Name _____

Clinic/Hosp/Dept _____ E-mail _____

Address _____ Phone ( ) -

City/State/Zip _____ Fax ( ) -

Referrer Signature _____ Date _____

Are you a Medical Provider: ☐ Yes ☐ No

Please Check: ☐ Participant agreed to be referred to the **Wyoming Quit Tobacco Program**.

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

If yes, please sign to authorize the **Wyoming Quit Tobacco Program** 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, the **Wyoming Quit Tobacco Program** cannot dispense medication.

Provider Signature _____ Date _____

Please Check: ☐ Patient agreed to be referred to the **Wyoming Quit Tobacco Program**.

PATIENT: Complete this section

_____ Yes, I am ready to quit and ask that a Quitline coach call me. I understand that the **Wyoming Quit Tobacco Program** 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 _____

If no patient signature available: ☐ Check to Verify Patient Consent is on File.

The Wyoming Quit Tobacco Program will call you within the next 24 to 72 hours. 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**