Georgia Tobacco Quit Line Fax Number: 1-800-483-3114

Georgia Tobacco Quit Line
FAX REFERRAL FORM

Provider Information: Date: ___/____/____

Clinic Name: ____

Health Care Provider/Contact Name: ______________________________

Fax: (_____) _______ - _________ _ *(Required)* **Phone** (_____) _______ - ________ _

Comments:

Patient Information: **Pregnant?** __Y __N

Patient Name: ______________________________________ **DOB:** ___/___/____

Address: ____________________________ **City:** ______________ **Zip:**__________

Phone Number: (_____) _______ - _________ _ **Alternate Phone Number:** (_____) _______ - ________

_______ I am ready to quit tobacco and request the **Georgia Tobacco Quit Line** contact me to help me with my quit plans.
(Initial)

_______ I agree to have the **Georgia Tobacco Quit Line** tell my health care provider(s) that I enrolled in Quit Line services and
(Initial) provide them with the results of my participation.

Congratulations on having taken this important step! Telephone support from a Tobacco Cessation Specialist will greatly increase your chance of success.

Patient Signature: ______________________________________ **Date:** ____/____/____

The Georgia Tobacco Quit Line will call you. Please check the best times for them to reach you:

❑ **9am-12pm** ❑ **12pm-3pm** ❑ **3pm-6pm** ❑ **6pm-9pm**

FOR GEORGIA TOBACCO QUIT LINE USE ONLY:

Specialist Initials: _______ **Contact date:** ____/____/____ **or** ___ Did not reach after three attempts.

Services Provided (check all that apply):
_______ Self-Help Materials _______ Free & Clear Enrollment
_______ Pharmacotherapy Referral _______ Cessation Referral: ______________________________

Planned Quit Date: ____/____/____ **Stage of readiness:** ______________________________

Sent Quit Kit: ___Y ___N

Comments:

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute it.