



Please circle one: -CHD -CHC -AHEC -Other County \_\_\_\_\_

# Florida Quitline Referral Form

Complete all of the following:

**Provider Information:**

- Advised no tobacco in pregnancy and postpartum
- Assessed that patient wants to quit in the next 30 days
- Obtained permission to refer to a cessation toll-free number **1-87-QUIT-NOW-6 & to West Florida AHEC**

The Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether you are a HIPAA covered entity: **I am a HIPAA Covered Entity** \_\_\_ Yes \_\_\_ No

Practice Name \_\_\_\_\_

Referring Provider \_\_\_\_\_

Practice address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Participant Information:** Gender: \_\_\_ male \_\_\_ female Pregnant? \_\_\_ Y \_\_\_ N

**Participant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Type:** \_\_\_ HM \_\_\_ WK \_\_\_ CELL \_\_\_ OTHER

**Language Preference (check one):** \_\_\_ English \_\_\_ Spanish \_\_\_ Other \_\_\_\_\_

**Tobacco Type (check ALL that apply):** \_\_\_ Cigarettes \_\_\_ Smokeless Tobacco \_\_\_ Cigar \_\_\_ Pipe

*My signature gives permission for my provider to FAX this form to the Florida Quitline. I understand that a Quitline specialist will call me within the next week.*

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Florida Quitline will call you. Please check the BEST time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this time frame.

- 7am - 9am
  - 9am - 12pm
  - 12pm - 3pm
  - 3pm - 6pm
  - 6pm - 9pm
- Within this 3-hour time frame, please contact me at (check one):** \_\_\_ Primary Phone \_\_\_ Secondary Phone

FAX THIS FORM TO 1-800-483-3114 for telephone counseling

**Fax to West Florida AHEC 850-830-0436 Group Counseling**

Questions? Call the Florida Quitline, 1-(877) U CAN NOW (1-877-822-6669)