

PATIENT FAX REFERRAL FORM

Today's Date _____



FAX-TO-QUIT

Fax Referral Form

Fax to: 1-800-261-6259

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

PROVIDER(S): Complete this section

Provider name _____	Contact name _____
Clinic/Hosp/Dept _____	E-mail _____
Address _____	Phone () - _____
City/State/Zip _____	Fax () - _____

Does patient have any of the following conditions?
 pregnant uncontrolled high blood pressure heart disease

If yes, please sign to authorize the QuitLine to send the patient free, over-the-counter nicotine replacement therapy.
If provider does not sign and the patient has any of the above listed conditions, the QuitLine cannot dispense medication.

Provider signature _____

Comments _____

PATIENT: Complete this section

Initial Yes, I am ready to quit and ask that a QuitLine coach call me. I understand that the Colorado QuitLine will inform my provider about my participation.

Best times to call? morning afternoon evening weekend
May we leave a message? Yes No
Are you hearing impaired and need assistance? Yes No

Insurance? Yes No
Insurance carrier: _____
Member ID: _____
Medicaid? Yes No

Date of birth: ____ / ____ / ____ Gender M F

Patient name (Last) _____ (First) _____

Address _____ City _____ CO _____

Zip code _____ E-mail _____

Phone #1 () - _____ Phone #2 () - _____

Language English Spanish Other _____

Patient signature _____ **Date** _____

PLEASE FAX TO: 1-800-261-6259

Or mail to: Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, Denver, CO 80206

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



1.800.QUIT.NOW

(1-800-784-8669) / www.myquitpath.org

Patients who use tobacco are **nine times more likely to quit** long term when using the free Colorado QuitLine services compared to quitting on their own.

A brief tobacco intervention (Ask, Advise, Refer) by a healthcare provider significantly increases the likelihood that a patient will make a quit attempt.

ASK every patient at each encounter about tobacco use and document status.

ADVISE every tobacco user to quit with a clear, strong, personalized health message about the benefits of quitting.

REFER patients who are ready to quit tobacco in the next 30 days by faxing the referral form to the Colorado QuitLine.

HOW FAX-TO-QUIT WORKS

- Healthcare providers fax the completed QuitLine Fax-to-Quit referral form to 1-800-261-6259.
- Patients receive a call from the QuitLine to enroll them in the program and schedule up to five personalized behavioral coaching sessions.
- Patients who are medically eligible receive a free supply of nicotine replacement therapy by mail.
- Information about the patient's enrollment status is faxed back to the healthcare provider.

FOR MEDICAID PATIENTS

- Provide patient with a prescription for a smoking cessation product. All FDA-approved prescription medications and over-the-counter smoking cessation products are covered by Medicaid (maximum of two 90-day supplies per year).
- Submit the Medicaid Prior Authorization Form by fax to the Prior Authorization Help Desk at 1-888-772-9696 or call 1-800-365-4944 to receive approval.
- Fax the Patient Referral Form to the Colorado QuitLine at 1-800-261-6259. Copies of the form are available at www.cohealthproviders.com. Patients may also call 1.800.QUIT.NOW (1-800-784-8669).

ADDITIONAL TOBACCO CESSATION RESOURCES

Free posters and patient educational materials for healthcare providers and community organizations are available at www.cohealthresources.org.

For additional fax referral forms, tobacco cessation tools, and pharmacotherapy guidelines, visit: www.cohealthproviders.com.