

# MICHIGAN TOBACCO QUITLINE

## FAX REFERRAL FORM

**\*\*PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528\*\***

1. Print Patient Name \_\_\_\_\_

2. Today's Date \_\_\_\_\_

3. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Pregnant Yes \_\_\_ No \_\_\_ 5. Disabled Yes \_\_\_ No \_\_\_

6. Language Spoken (if other than English) \_\_\_\_\_

7. Provider \_\_\_\_\_

8. Clinic Name and Department \_\_\_\_\_

9. Address, City and Zip \_\_\_\_\_

10. Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Patient Initials

**I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.**

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient Address: Street \_\_\_\_\_

City \_\_\_\_\_, MI ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The Quitline will call you. Please check the best times for the Quitline to reach you.**

Morning    Afternoon    Evening    Weekend

**If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline? \_\_\_Y\_\_\_N**

**Michigan Tobacco Quitline 1-800-480-QUIT (7848)**

5/9/07

*Please give patient a PATIENT copy before faxing to the Michigan Tobacco Quitline  
(877) 747-9528*