



Nebraska Tobacco Quitline Fax Referral Form (Non-Medicaid) (800) 483-3114

PROVIDER: Please PRINT CLEARLY, Hard-To-Read Handwriting Delays Services

Provider Patient Provider

1. Print Patient Name (Last, First): _____ 2. Date: _____
3. DOB: ____ / ____ / ____ 4. Check if pregnant: _____ 5. Check if Spanish speaking: _____
6. Check if referred by: _____ Physician's Office/Clinic _____ Every Woman Matters _____ VA _____ Other _____
7. Provider Name: _____
8. Provider Address (Street/City/State/Zip): _____
9. Provider E-mail: _____ 10. Provider Phone: (_____) _____ - _____
11. Provider Fax: (_____) _____ - _____

PLEASE GIVE A COPY TO THE PATIENT BEFORE FAXING TO THE NEBRASKA TOBACCO QUITLINE AT: (800) 483-3114

Patient Initials

I give permission to my health care provider and/or Every Woman Matters to fax this information to the Nebraska Tobacco Quitline. I understand that a Quitline staff person will call me. I understand this is a free service.

Patient Initials

I agree to allow the Nebraska Tobacco Quitline to send information about my Quitline enrollment to my health care provider and/or Every Woman Matters as listed above.

Patient Signature: _____ **Date:** _____

Patient Address – Street: _____
City: _____, NE **Zip:** _____

The Quitline will call you. Please circle the best times to reach you.

Patient Phone: (_____) _____ - _____ **Best Time to Call (Circle):** AM PM Evenings Weekend

Alternate Phone: (_____) _____ - _____

If you are unavailable when we call, may we leave a message, identifying ourselves as the Nebraska Tobacco Quitline? _____ Y _____ N

If we are unable to reach you after three attempts, may we send a letter to you at the address above? _____ Y _____ N

(FOR PROVIDER USE ONLY)

ASK	ADVISE	ASSESS	ASSIST	ARRANGE
Date _____ Initial _____ # of cigarettes per day _____	Discussed: <input type="checkbox"/> Relevance <input type="checkbox"/> Risks <input type="checkbox"/> Rewards <input type="checkbox"/> Roadblocks	<input type="checkbox"/> No Interest <input type="checkbox"/> Quit Later <input type="checkbox"/> Ready <input type="checkbox"/> Quit < 6 mos <input type="checkbox"/> Maintain > 6 mos <input type="checkbox"/> Relapse	Set quit date _____ <input type="checkbox"/> Counsel <input type="checkbox"/> Quitline materials <input type="checkbox"/> Pharmacotherapy	<input type="checkbox"/> Referral to Quitline <input type="checkbox"/> Call <input type="checkbox"/> Referral to cessation group <input type="checkbox"/> Follow-up appt. given