



**SOUTH DAKOTA TOBACCO QUITLINE
FAX REFERRAL FORM**

***Note: Patient must currently be using tobacco & give written consent for QuitLine to call Health Professional: Please FAX this completed form to 1-605-322-3858**

Health Care Provider Information: _____ **Date:** ____/____/____

Clinic Name: _____

Healthcare Provider(s): _____

Staff Contact(s) for fax referral clarification: _____

Fax: (605) _____ **Phone:** (605) _____ **Email:** _____

Patient Information: _____ **Pregnant?** Y N

Client Name: _____ **DOB:** ____/____/____

Address: _____ **City:** _____ **Zip:** _____

Phone Number: (605) _____ **Alternate Phone Number:** (605) _____

If the SD QuitLine cannot reach you by phone, is it okay for them to leave a message? **Yes** _____ **No** _____

Patient agrees to terms below by initialing beside each item:

_____ I am ready to quit tobacco and request the **South Dakota QuitLine** contact me to help me with my quit plans.

_____ I agree to have the **South Dakota QuitLine** tell my health care provider(s) that I enrolled in QuitLine services and provide them with the results of my participation.

Patient Signature: _____ **Date:** ____/____/____

The South Dakota QuitLine will call you. Please check the best times for them to reach you. QuitLine services are available Monday – Friday from 7 AM – 11 PM and Saturday 8 AM – 5 PM

- 7AM – 11AM 11AM – 3PM 3PM – 7PM 7PM – 11PM
- Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Congratulations on having taken this important step!

FOR SOUTH DAKOTA TOBACCO QUIT LINE USE ONLY: (will fax completed form for patient chart)

Quit Coach Initials: _____ **1st Coaching date:** ____/____/____

Unable to reach after three attempts

Services Provided (check all that apply):

- Self-Help Materials Telephone-based cessation services
- Free Pharmacotherapy Other Cessation Referral: _____

Planned Quit Date: ____/____/____ or Not Applicable

Comments:

	Date/Time
1 ST ATTEMPT:	
2 ND ATTEMPT:	
3 RD ATTEMPT:	

Health Professional: Please FAX this completed form to 1-605-322-3858

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. Revised 11/4/11