



**Program:**

- Baby & Me
- WIC
- TennCare/MCO
- Other \_\_\_\_\_

## Tennessee Tobacco QuitLine Fax Referral/Consent Form

**Complete** and **Fax** this form to: **1-800-692-9023** or Email to: [referrals@iqhquitline.com](mailto:referrals@iqhquitline.com)

(for additional copies or to download go to [www.tnquitline.com](http://www.tnquitline.com))

### Health Care Provider Information (Please Print)

Health Care Provider (First Last, Title):

Clinic/Facility:

Fax Number: (     ) -

Attention:

Phone: (     ) -

Email:

Have you discussed this tobacco cessation program with this patient?      YES    NO

### Patient Information (Please Print)

First Name:

Last Name:

Middle Initial:

Mailing address:

City:

State/Zip:

Phone: (     ) -

DOB:

E-mail:

Pregnant?    YES    NO

May we leave a message:    YES    NO

Language Preference:    English    Spanish    Other:

The Tennessee Tobacco Quitline Staff can call me during the following times (check all that apply):

- 7am-10am    10am-1pm    1pm-4pm    4pm-7pm    7pm-10pm

I give my consent for the Tennessee Tobacco Quitline to call me and provide follow-up to my healthcare provider:

(Patient Signature)

(Date)

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