



## Quitline Iowa Provider Proactive Referral Form

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Provider Section:

<b>FAX TO:</b>  <b>Quitline Iowa</b> <b>1-319-384-4841</b>  (Phone: 319-384-4845)	<b>FROM:</b> <i>(Stamp or write in contact information for referring agency here, please include FAX number &amp; provider name)</i> <b>Provider Name:</b>  <b>Referring Agency/Clinic/Hospital:</b>  <b>Provider Phone:</b>  <b>Provider Fax:</b>  <input type="checkbox"/> <i>I want referral outcome information.</i>
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Patient Section (please fill out this form and return it to your health care provider to fax to Quitline Iowa on your behalf):

**Yes, I want Quitline Iowa to help me quit smoking.**

By signing this form, I agree that:

- My participation with Quitline Iowa is voluntary.
- Quitline Iowa may contact me about quitting smoking, local programs, and/or counseling.
- Quitline Iowa and my health care provider may discuss my use of the Quitline.
- All of my information will be kept private.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient Signature (or Guardian if patient is under 18)

When would you like Quitline to call you? Please tell us the best times and days.

- 8:00 a.m. to noon
- Noon to 4:00 p.m.
- 4:00 p.m. to 8:00 p.m.
- 8:00 p.m. to midnight
- Please call me at this exact time: \_\_\_\_\_
- These are the best days to call: \_\_\_\_\_

- English speaker       Spanish speaker       Other language \_\_\_\_\_
- Hearing impaired (need TDD)

Phone: (\_\_\_\_) \_\_\_\_\_

home    work    other

May our counselors leave a message saying they are calling from Quitline Iowa?

Yes       No

Adapted from: ©2003 The State of Arizona, Arizona Department of Health Services Office of Tobacco Education and Prevention Program