

Refer-to-Quit (Referral Form)

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)



Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New Jersey residents regardless of insurance status.

Code:
Special Programs Only

Tobacco Users: Complete This Section

(Please print)

_____ Date of Birth
 First Name Last Name _____ / _____ / _____

_____ City State Zip Code
 Mailing Address

Male Female Gender () _____ - _____ Primary Phone (area code + number) () _____ - _____ Secondary Phone (Area code + number)

E-mail Address: _____

When should we call? Morning Afternoon Evening No preference May we leave a message? Yes No

Language Preference: English Spanish Other (specify) _____

I (undersigned) give permission for the support staff of the New Jersey Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the provider/employer listed below and permission for that provider/employer to forward the information to other relevant providers.

_____ Date
Required Tobacco User's Signature (or agent if authorization was verbal)

Health Providers/Employer/Other: Complete This Section

_____ () _____ - _____
 Referrer: Phone number

_____ () _____ - _____
 Facility: Fax number

_____ City State Zip
 Address:

E-mail address: _____

SEND PROGRESS REPORT VIA SECURED: Secured Site Access E-mail (Secured Attachment)
 Fax (Provider Secured) DO NOT SEND PROGRESS REPORT **(If a selection is not indicated, no progress reports will be available)**

Send Progress Report to:

Same as above or _____ () _____ - _____
 Name Phone number

_____ () _____ - _____
 Facility Fax number

E-mail address: _____

PEDIATRICS ONLY: Tobacco Users' relationship to child: Mother Father Other (specify) _____

Child/Children's name: (to help with recordkeeping) _____