

PATIENT FAX REFERRAL FORM

Today's Date _____



FAX-TO-QUIT

Fax Referral Form (for Asian language assistance)

Fax to: 1-858-300-1099

Use this form to refer patients who are ready to quit tobacco within the next 30 days to the Colorado Asian QuitLine.

PROVIDER(S): Complete this section

Provider name	Contact name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	Fax () -

Does patient have any of the following conditions?
 pregnant uncontrolled high blood pressure heart disease

If yes, please sign to authorize the QuitLine to send the patient free, over-the-counter nicotine replacement therapy.
If provider does not sign and the patient has any of the above listed conditions, the QuitLine cannot dispense medication.

Provider signature

Comments

PROVIDER(S): Please complete this section with the patient

Initial Yes, I am ready to quit and ask that a QuitLine coach call me.

Best times to call? morning afternoon evening weekend
May we leave a message? Yes No

Date of birth: / / Gender M F
Patient name (Last) (First)
Address City CO
Zip code E-mail
Phone #1 () - Phone #2 () -
Language Chinese Korean Vietnamese
Are you hearing impaired and need assistance? Yes No

Patient signature Date

PLEASE NOTE: IF PATIENT IS ENGLISH-SPEAKING FAX TO THE COLORADO QUITLINE: 1-800-261-6259

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.



The Colorado Asian QuitLine offers confidential tobacco cessation coaching and free nicotine patches to those medically eligible.

A brief tobacco intervention (Ask, Advise, Refer) by a healthcare provider significantly increases the likelihood that a patient will make a quit attempt.

ASK every patient at each encounter about tobacco use and document status.

ADVISE every tobacco user to quit with a clear, strong, personalized health message about the benefits of quitting.

REFER patients who are ready to quit tobacco in the next 30 days by faxing the referral form.

HOW FAX-TO-QUIT WORKS

- Healthcare providers fax the completed QuitLine Fax-to-Quit referral form to 1-858-300-1099 for Asian language (Chinese, Korean and Vietnamese).
- Patients receive a call from the Colorado Asian QuitLine to enroll them in the program and schedule up to five personalized behavioral coaching sessions.
- Patients who are medically eligible receive a free supply of nicotine replacement therapy by mail.

FOR MEDICAID PATIENTS

- Provide patient with a prescription for a smoking cessation product. All FDA-approved prescription medications and over-the-counter smoking cessation products are covered by Medicaid (maximum of two 90-day supplies per year).
- Submit the Medicaid Prior Authorization Form by fax to the Prior Authorization Help Desk at 1-888-772-9696 or call 1-800-365-4944 to receive approval.
- Fax the Patient Referral Form to the Colorado Asian QuitLine. Copies of the form are available at www.cohealthproviders.com.

ADDITIONAL TOBACCO CESSATION RESOURCES

Free posters and patient educational materials for healthcare providers and community organizations are available at www.cohealthresources.org.

For additional fax referral forms, tobacco cessation tools, and pharmacotherapy guidelines, visit: www.cohealthproviders.com.