

1-800-QUIT NOW
(1-800-784-8669)
TOBACCO QUITLINE

Patient Referral/Consent Form

FAX TO: 1-601-899-8650 MAIL TO: IQH, Tobacco Quitline 385B Highland Colony Parkway, Suite 503 Ridgeland, MS 39157	E-mail: quitline@iqh.org Web Address: www.iqh.org
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Patient's Name: _____ **Date:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone #: _____ **Backup Telephone #:** _____
Best Contact Time: _____ Morning _____ Afternoon _____ Evening

I understand that the Tobacco Quitline will be contacting me to provide quit tobacco information and offer counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give permission for my information to be exchanged between the Tobacco Quitline and my healthcare provider.

Patient/Client Signature for Consent: _____

Comments:

I request that the Tobacco Quitline, operated by IQH, contact my patient/client for the provision of tobacco cessation services.

Signature: _____ **Date:** _____

Print Name: _____

Office Address: _____

Telephone #: _____