



## 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.org](http://www.tnquitline.org))

### Health Care Provider Information (Please Print)

Health Care Provider ( First Last, Title):

Clinic/Facility:

Attention:

Phone Number:

E-mail:

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       Español       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)**

*Confidentiality Notice: The information contained in this facsimile may be confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to the intended recipient – is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.*

