

# FAX REFERRAL FORM

- For **Quitline** referrals, fax completed form to: **1-800-261-6259**
- For referrals to **In-Person Cessation Classes**, use the fax number for Quit Partner found on the second page.



**VERMONT DEPARTMENT OF HEALTH**  
**1-800-QUIT-NOW (784-8669) 802Quits.org**

Use this form to refer tobacco and e-cigarette users who are ready to quit to **802Quits**. The Quitline provides status feedback to referring agents.

### REFERRING ORGANIZATION: Complete this section

Organization/ Practice	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone (    )    -
	Fax (    )    -
City/State/Zip	Date

### PROVIDER: Please read this section if patient is pregnant/breastfeeding OR has uncontrolled high blood pressure or heart disease.

Please complete and sign Vermont Department of Health's *Authorization to Disclose Health Information* form to authorize **802Quits** to send the patient free, over-the-counter nicotine replacement therapy if available. If this form is not signed and submitted by the provider, and the patient has any of the above listed conditions, **802Quits** cannot dispense cessation medication.

### PATIENT: Complete this section

\_\_\_\_\_  
*Initial* Yes, I am ready to quit and ask that a Quitline coach contact me. I understand that **802Quits** may inform the referring party about my participation.

Best times to call? morning afternoon evening weekend

May we leave a message? Yes No

Date of Birth?    /    /    Gender  Male  Female

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone #1 (    )    -    Phone #2 (    )    -

Language English Spanish Other \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If no patient signature available:  Check to Verify Patient Consent is on File.

802Quits will contact you within the next 24 to 72 hours.  
The call will come from **800-784-8669**.

**FOR QUITLINE REFERRAL, PLEASE FAX COMPLETED FORM TO: 1-800-261-6259**

## PHONE & FAX NUMBERS FOR QUIT PARTNERS

Free cessation classes are offered at most hospitals in Vermont. Quit Partners offer quit coaching in groups or one-on-one. To make a referral for **in-person** quit coaching by a trained tobacco treatment specialist, **fax the referral form directly to the fax number below of the closest Quit Partner location.**



**YOU CAN QUIT.  
WE CAN HELP.**

**VERMONT DEPARTMENT OF HEALTH**  
**1-800-QUIT-NOW (784-8669) [802Quits.org](http://802Quits.org)**

**Brattleboro Memorial Hospital**  
**Brattleboro, VT**  
Phone: 802-251-8456  
Fax: **802-257-8318**

**Northwestern Medical Center**  
**St. Albans, VT**  
Phone: 802-524-8480  
Fax: **802-524-1291**

**Central Vermont Medical Center**  
**Berlin, VT**  
Phone: 802-371-5945  
Fax: **802-224-0437**

**Northeastern Vermont Regional Hospital**  
**St. Johnsbury, VT**  
Phone: 802-748-7532  
Fax: **802-427-3048**

**Copley Hospital**  
**Morrisville, VT**  
Phone: 802-253-4853  
Fax: **802-253-2587**

**Porter Medical**  
**Middlebury, VT**  
Phone: 802-382-3468 Ext. 2  
Fax: **802-388-8872**

**Fletcher Allen Health Care**  
**Burlington, VT**  
Phone: 802-847-2278  
Fax: **802-847-6545**

**Rutland Regional Medical Center**  
**Rutland, VT**  
Phone: 802-747-3768  
Fax: **802-773-9897**

**Gifford Medical Center**  
**Randolph, VT**  
Phone: 802-728-7710  
Fax: **802-728-7199**

**Springfield Hospital**  
**Springfield, VT**  
Phone: 802-886-8946  
Fax: **802-885-7678**

**Grace Cottage Hospital**  
**Townshend, VT**  
Phone: 802-365-3649  
Fax: **802-365-7294**

**United Health Alliance**  
**Bennington, VT**  
Phone: 802-440-4098  
Fax: **802-442-8568**

**Mt. Ascutney Hospital**  
**Windsor, VT**  
Phone: 802-674-7089  
Fax: **802-674-7155**

**Upper Valley – Little Rivers Health Care**  
**Bradford, VT**  
Phone: 802-439-5321  
Fax: **802-439-6783**

**North Country Hospital**  
**Newport, VT**  
Phone: 802-674-7089  
Fax: **802-674-7155**