

FAX REFERRAL FORM

- For **Quitline** referrals, fax completed form to: **1-800-261-6259**
- For referrals to **In-Person Cessation Classes**, connect to My Healthy Vermont (<https://www.myhealthyvt.org/>).



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

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**.

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