

# Mississippi tobaccoQUITLINE 1.800.QUITNOW

WWW.QUITLINEMS.COM 1.800.784.8669

## Patient Referral/Consent Form

Patient Information

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Backup Telephone #: \_\_\_\_\_ Health District: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Healthcare Provider

Please designate any conditions that apply to the above referral:

- |   |   |
|---|---|
| <input type="checkbox"/> Heart disease                    | <input type="checkbox"/> Using Chantix                        |
| <input type="checkbox"/> Recent heart attack              | <input type="checkbox"/> Rx for depression                    |
| <input type="checkbox"/> Irregular heartbeat/palpitations | <input type="checkbox"/> Rx for asthma                        |
| <input type="checkbox"/> High blood pressure              | <input type="checkbox"/> Sodium restricted diet (gum/lozenge) |
| <input type="checkbox"/> Stomach ulcers                   | <input type="checkbox"/> Allergy to adhesive tape (patch)     |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Other skin problems (patch)          |
| <input type="checkbox"/> Using Wellbutrin/Zyban           | <input type="checkbox"/> Pregnant (Rx required)               |
|   | <input type="checkbox"/> Other, please specify _____          |

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 #: (\_\_\_\_) \_\_\_\_\_

Fax To: 1-601-899-8650

Mail To: IQH, Tobacco Quitline  
385B Highland Colony  
Ridgeland, MS 39157

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