Refer-to-Quit (Referral Form)

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

Tobacco-Free FOR A HEALTHY NEW JERSEY

Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New Jersey residents regardless of insurance status.

Code:
Special Programs Only

Tobacco Users: Complete This Section

(Please print)

_____ _____ Date of Birth
First Name Last Name _____ / _____ / ____

_____ _____ ___ _____
Mailing Address City State Zip Code

❑ Male ❑ Female ( ) _____ - _____ ( ) _____ - _____
Gender Primary Phone (area code + number) Secondary Phone (Area code + number)

E-mail Address: _____

When should we call? ☐ Morning ☐ Afternoon ☐ Evening ☐ No preference May we leave a message? ☐ Yes ☐ No

Language Preference: ☐ English ☐ Spanish ☐ Other (specify) _____

I (undersigned) give permission for the support staff of the New Jersey Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the provider/employer listed below and permission for that provider/employer to forward the information to other relevant providers.

_____ _____
Required Tobacco User's Signature (or agent if authorization was verbal) **Date**

Health Providers / Employer / Other: Complete This Section

_____ ( ) _____ - _____
Referrer: Phone number

_____ ( ) _____ - _____
Facility: Fax number

_____ _____ _____ _____
Address: City State Zip

E-mail address: _____

SEND PROGRESS REPORT VIA SECURED: ☐ Secured Site Access ☐ E-mail (Secured Attachment)
☐ Fax (Provider Secured) ☐ DO NOT SEND PROGRESS REPORT (**If a selection is not indicated, no progress reports will be available**)
Send Progress Report to:
☐ Same as above or _____ ( ) _____ - _____
Name Phone number

_____
Facility ( ) _____ - _____
Fax number

E-mail address: _____

PEDIATRICS ONLY: Tobacco Users' relationship to child: ☐ Mother ☐ Father ☐ Other (specify) _____
Child/Children's name: (to help with recordkeeping) _____