

Fax Referral Form 1-888-857-6555

PROVIDER	Service Provider Name & Title	Today's Date
		Organization
	Service Provider Telephone	Fax
	<input type="checkbox"/> Please inform me by fax of my patient's enrolment in this service	Email
Please give patient a copy before faxing to QuitNow By Phone at 1-888-857-6555		

PATIENT INFORMATION	<input type="checkbox"/> PATIENT INITIALS	I give permission to my service provider to fax this information to QuitNow By Phone. I understand that a QuitNow By Phone counsellor will call me within the next week. I understand that this is a free service.								
	<input type="checkbox"/> PATIENT INITIALS	I agree to let QuitNow By Phone send information about my enrolment in the service to my service provider(s) listed above.								
	<input type="checkbox"/> PATIENT INITIALS	I agree to let QuitNow By Phone leave a message at the phone number(s) listed below.								
	Patient Name (PLEASE PRINT)		Patient Signature							
	Date of Birth	Language Preference	Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Lactating/Nursing? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	Patient Telephone		Email							
	Patient Address			Postal Code						
	QuitNow By Phone will call you. Please check the best time(s) for the counsellor to reach you.	DAY	8-10 AM	10AM- NOON	NOON- 2PM	2-4 PM	4-6 PM	6-8 PM	AFTER 8PM (SPECIFY TIME)	ALTERNATIVE PHONE NUMBER
		Monday								
		Tuesday								
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
If we are unable to reach you after 3 attempts, may we send material to your address? <input type="checkbox"/> YES <input type="checkbox"/> NO										

QuitNow	For QuitNow By Phone use only to fax back to service provider			
	Counsellor's Initials	Contact Date	<input type="checkbox"/> Did not wish to enroll	<input type="checkbox"/> Unable to contact
	Stage of readiness: <input type="checkbox"/> Pre-contemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Relapse Prevention			
	Type of QuitNow By Phone service accepted (check all that apply): <input type="checkbox"/> Enrolment in QuitNow By Phone <input type="checkbox"/> Referral to pharmacy or physician for pharmacotherapy <input type="checkbox"/> Referral to local community service <input type="checkbox"/> Self-help material(s)			
	Set quit date? <input type="checkbox"/> YES Specify quit date:			<input type="checkbox"/> NO QUIT DATE SET