

### Provider Information

**Facility Name** (e.g. hospital, health department, practice name): \_\_\_\_\_

**Healthcare Provider:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

The Missouri Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Missouri Tobacco Quitline will only be able to share service outcome information with you if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA. Please select one option below:

Yes    No    I Don't Know

**Fax:** ( \_\_\_ ) \_\_\_ - \_\_\_      **Phone:** ( \_\_\_ ) \_\_\_ - \_\_\_

**Comments:**

### Patient Information

**Gender:**  Male    Female    Other      **Pregnant?**  Yes    No

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_      **City:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Home:** ( \_\_\_ ) \_\_\_ - \_\_\_      **Work:** ( \_\_\_ ) \_\_\_ - \_\_\_      **Cell:** ( \_\_\_ ) \_\_\_ - \_\_\_

**Language Preference** (check one)    English    Spanish    Other \_\_\_\_\_

**Tobacco Type** (check primary use)    Cigarettes    Smokeless    Cigar    Pipe    E-Cig

**Program Choice** (check one)    Phone    Web    Enhanced Pregnancy    Individual Services

\_\_\_\_\_ I am ready to quit tobacco and request the Missouri Tobacco Quitline contact me with my quit plan.  
*initial*

The Missouri Tobacco Quitline will call you. Please check the **BEST 3-hour time frame** for them to reach you. The Quitline is open 7 days a week.

7a - 11a CT    11a - 2p CT    2p - 5p CT    5p - 8p CT    8p - 11p CT

**Within this 3-hour time frame, please contact me at** (check one)    Home    Work    Cell

**Patient Signature:** \_\_\_\_\_      **Date** \_\_\_/\_\_\_/\_\_\_

## Missouri Tobacco Quitline Options



### PHONE PROGRAM

A Quit Coach® is waiting for your call to help you on your journey to be tobacco free.

- Quit Coach® 24/7
- 2 weeks nicotine patches or gum
- Custom plan
- 4 calls from Quit Coach®
- 1-800-QUIT-NOW (784-8669)



### WEB PROGRAM

Get 24/7 access to Web Quit, with up to 2 weeks nicotine patches or gum, online chatting, a progress tracker and blogs where you can share your story.

- Available 24/7
- 2 weeks nicotine patches or gum
- Online coaching
- Track your progress
- Blogs
- Youcanquit.org



### ENHANCED PREGNANCY PROGRAM

A Quit Coach® is waiting for your call to help you on your journey to be tobacco free.

- Quit Coach® 24/7
- Women-Centered Approach
- Custom plan
- 1-800-QUIT-NOW (784-8669)
- 10 calls during pregnancy and post partum period from Quit Coach®
- Information on pharmacotherapy options for pregnant women



### INDIVIDUAL SERVICES

Customize your services by selecting from the following options:

- FREE 2-week NRT starter kit (gum/patches)
- Text messaging
- Educational materials based on individual needs
- Email

Need more information about the available programs? Visit: [youcanquit.org](http://youcanquit.org)

## Referral Form Submission Instructions

- 1. Provider Information:** The provider completes this section. Write in the Facility, Unit, and Provider Names (if applicable) for your organization. Examples are listed below:

Facility	Unit	Provider
Hospital, Department of Health, practice name, etc.	Hospital department, program, branch, etc.	Name of clinician, health professional, etc.
ABC Primary Clinics	ENT Department	Jane J. Doe N.P.
John Hopkins Hospital	Comprehensive Rehab Unit	John Smith, M.D.
South Shore Cancer Center	Oncology Clinic	Mary Major, M.D.

- 2. Patient Information:** The patient provides their contact and other requested information.

**Program Choice:** Patient should select a program from the list.

- Provider should fax or email completed forms to the Quitline at 1-800-483-3114 or [supportservices@optum.com](mailto:supportservices@optum.com).
- If the referral is sent to the telephone or online program, a tobacco Quit Coach will call the patient to enroll them in their preferred program.