OHIO TOBACCO
QUIT LINE CALL IT QUITS.
800-QUIT-NOW
800-784-8669

OHIO TOBACCO QUIT LINE REFERRAL
FAX: **800-261-6259**

OTPF GRANTEE ID: 07-3-026
(IF AVAILABLE)

REFERRING PROVIDER
USE STAMP, LABEL OR WRITE IN INFORMATION BELOW.

NAME

CLINIC/FACILITY

ADDRESS

CITY/STATE/ZIP

PHONE

FAX*

*REQUIRED IN ORDER TO RECEIVE CONFIRMATION OF REFERRAL.

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE: _____

BEST TIME AND DAY TO CALL: _____

DO YOU NEED TTY? YES ☐ NO ☐ DATE OF BIRTH: _____

MAY WE LEAVE A MESSAGE? YES ☐ NO ☐

NOTE: ***PARTICIPANT SIGNATURE REQUIRED ON BOTTOM PORTION IN ORDER TO PLACE AN INITIAL PHONE CALL TO THE PARTICIPANT.***

THIS PATIENT MAY USE NICOTINE REPLACEMENT THERAPY.

_____ _____
PROVIDER SIGNATURE DATE

CONSENT FOR RELEASE OF INFORMATION

I, (PARTICIPANT NAME) _____, GIVE PERMISSION TO MY HEALTHCARE PROVIDER, THE OHIO TOBACCO USE PREVENTION AND CONTROL FOUNDATION OR ITS CONTRACTORS, TO RELEASE INFORMATION ABOUT MY INTEREST AND PARTICIPATION IN THE OHIO TOBACCO QUIT LINE PROGRAM TO AND FROM NATIONAL JEWISH MEDICAL AND RESEARCH CENTER (CONTRACTOR FOR THE OHIO TOBACCO QUIT LINE CALL CENTER).

THE PURPOSE OF THIS RELEASE IS TO REQUEST THAT NATIONAL JEWISH MEDICAL AND RESEARCH CENTER MAKE AN INITIAL PHONE CALL TO ME TO DISCUSS PARTICIPATION IN THE OHIO TOBACCO QUIT LINE STOP TOBACCO USE PROGRAM.

REQUIRED

_____ _____
SIGNATURE OF PARTICIPANT DATE

PLEASE FAX THIS FORM TO:
QUIT LINE REFERRAL SPECIALIST
800-261-6259

FOR QUESTIONS, PLEASE CONTACT:
1-800-QUIT NOW
800-784-8669

QUIT LINE SERVICES ARE FUNDED BY THE OHIO TOBACCO PREVENTION FOUNDATION.