Arkansas Tobacco Quitline
Fax Referral Form
Fax Number: **1-888-827-7057**

Arkansas Department of Health

Fax Sent Date: _____/_____/_____

Clinic/Employer /Organization Name: _____

Address: _____

Contact Person: _____

Referring Organization's Fax: (____) _____ **Phone:** (____) _____

Health Care Provider Information: The Arkansas Tobacco Quitline is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Quitline will only be able to share service outcome information with you as the provider 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.

The 2 A's and R for Health Care Providers
- ✓ ***ASK*** ***what form of tobacco use & frequency***
- ✓ ***ADVISE:*** ***to quit and discuss relevance, risks, roadblocks & rewards***
- ✓ ***REFER:*** ***to the Arkansas Tobacco Quitline***

Please indicate whether your organization is a HIPAA covered entity:
My organization is a HIPAA Covered Entity. ____Yes ____No

Name of Physician or Health Care Provider: _____

Participant Information: Gender: _____Male _____Female Pregnant? _____Yes _____No

Participant Name: _____ **Birth Date:** _____

Address: _____ **City:** _____, AR **Zip:** _____

Primary Phone: (____) - _____ - _____ **TYPE: ____ Home ____Work _____Cell ____Other**

Secondary Phone: (____) - _____ - _____ **TYPE: ____ Home ____Work _____Cell ____Other**

Language Preference (check one): _____English _____Spanish _____Other: _____

Tobacco Type (check ALL that apply): ____Cigarettes ____ Smokeless _____ Cigars _____ Pipe _____ E-Cig/ESDs

_____I am ready to quit tobacco and request the Arkansas Tobacco Quitline contact me to develop my quit plan.
(Initial)

_____I give my permission to the Arkansas Tobacco Quitline to leave a message when contacting me.
(Initial)

Participant Signature: _____ **Date:** _____/___/____

Obtained by: _____

The Arkansas Tobacco Quitline will call you. Please check the BEST time frame for the Quitline to reach you.

☐ **7am - 9am** ☐ **9am – 12 Noon** ☐ **12 Noon - 3pm** ☐ **3pm - 6pm** ☐ **6pm - 9pm**

Within the above time frame, please contact me at (check one): ____Primary Phone _____ Secondary Phone

NOTE: The Arkansas Quitline is open 7 days a week. Call attempts on Saturday or Sunday may be made during time frames other than the one you select above.

Project Prevent — Youth Tobacco & Nicotine Prevention

SOS — Stamp Out Smoking — Arkansas Department of Health