

**MN CLINIC FAX REFERRAL PROGRAM
MINNESOTA TOBACCO QUITLINES FAX FORM**

Clinic Information:

Date: ___/___/___

Clinic Name: _____

Address: _____ City: _____ Zip: _____ County: _____

Health Care Provider: _____

Contact Name: _____

Fax: (____) _____ - _____ Phone (____) _____ - _____

Email Address: _____ Type: _____

Patient Information:

Patient Name: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ - _____ Alternate Phone Number: (____) _____ - _____

Email address: _____

Some health plans offer telephone counseling, please indicate which medical insurance you have so we can connect you with the correct service:

- I do not have medical insurance (you will still receive a call)
- Blue Cross and Blue Shield of MN HealthPartners MMSI Medica
- Metropolitan Health Plan (MHP) PreferredOne UCare Other _____

One of Minnesota's tobacco quitlines will call you. Please check the BEST 3-hour call window for them to reach you:

- 7am - 11am 11am - 2pm 2pm - 5pm 5pm - 8pm 8pm - 11pm

May we leave a message? Yes No

Language Preference (check one): _____ English _____ Spanish _____ Other _____

(initial) I am ready to quit tobacco and request my contact information be given to my health plan telephone quitline so they may contact me OR for uninsured patients or those with health plans other than those listed above, I am ready to quit tobacco and request the QUITPLAN Helpline contact me to help me quit tobacco.

(initial) I agree to have one of Minnesota's Quitlines tell my health care provider(s) that I enrolled in quitline services and provide them with the results of my participation.

Patient Signature: _____ Date: ___/___/___

(or parent/personal representative optional)

FOR QUITLINE USE ONLY:

THIS INFORMATION WILL BE PROVIDED BACK TO THE CLINIC

Contact date: ___/___/___ or ___ Did not reach after three attempts.

Outcome: Enrolled in telephone counseling program Declined Not Reached

Stage of readiness: _____

Planned Quit Date: ___/___/___

Comments:



Minnesota Tobacco Quitlines

UCare Minnesota • ClearWay Minnesota • HealthPartners
Metropolitan Health Plan • Medica • PreferredOne • MMSI
Blue Cross and Blue Shield of Minnesota