

Provider Information

HEALTHCARE FACILITY NAME		ZIP CODE
<input type="text"/>		<input type="text"/>
HEALTHCARE PROVIDER		
<input type="text"/>		
FAX NUMBER	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	
I AM A HIPAA-COVERED ENTITY (PLEASE CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		

Patient Information

PATIENT NAME		DATE OF BIRTH	GENDER	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS	CITY		ZIP CODE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER	HM <input type="checkbox"/> WK <input type="checkbox"/> CEL <input type="checkbox"/>	SECONDARY PHONE NUMBER	HM <input type="checkbox"/> WK <input type="checkbox"/> CEL <input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
LANGUAGE PREFERENCE (PLEASE CHECK ONE) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER				<input type="text"/>

Verbal Consent

____ I am ready to quit tobacco. I request a Louisiana Tobacco Quitline Quit Coach to contact me to create a quit plan.
(Initial) *By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.*

____ I DO give my permission to a Louisiana Tobacco Quitline Quit Coach to leave a voicemail when contacting me.
(Initial)

____ I DO NOT give my permission to a Louisiana Tobacco Quitline Quit Coach to leave a voicemail when contacting me.
(Initial)

Patient Signature: _____ Date: ____/____/____

A Louisiana Tobacco Quitline Quit Coach will call you. Please check the BEST 3-hour timeframe to reach you. **Note: the Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

- 6-9AM 9AM-12PM 12-3PM 3-6PM 6-9PM

WITHIN THIS 3-HOUR TIMEFRAME, PLEASE CONTACT ME AT (PLEASE CHECK ONE) PRIMARY # SECONDARY #