

Participant Outcome Report

Your Clinic recently referred a patient via the Louisiana Tobacco Quitline Fax Referral Program. This form describes the type of service the patient received through the Louisiana Tobacco Quitline. Please place this in the patient's file.

Clinic Information:

Clinic Name:

Clinic Phone Number:

Clinic Fax Number:

Patient Information:

Participant Name:

Participant Address:

Participant Primary Phone Number:

Participant Date of Birth:

Outcomes:

Status:

Program:

NRT:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

Definitions of Outcomes Listed Above

Status

- **Accepted Services:** Participant was reached and accepted service.
- **Declined Services:** Participant was reached and declined service.
- **Unreachable:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

Program

- **General Questions:** Participant inquired about the quitline and its services, but did not opt for an intervention or materials.
- **Materials Only:** Participant requested printed materials only.
- **One-Call:** Participant received a single call intervention with a Quit Coach.
- **Multi-Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls.
- **Web Only:** Participant enrolled in web-based cessation services.
- **Individual Services:** Participants may select any or all of the following: 2-week supply of NRT; Email program; Text-messaging program; Materials.

NRT

- Participant was screened and dosed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

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PartID:

Print Date: