

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME	CLINIC ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
HEALTH CARE PROVIDER	
<input style="width: 95%;" type="text"/>	
CONTACT NAME	
<input style="width: 95%;" type="text"/>	
FAX NUMBER	PHONE NUMBER
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)	
YES <input type="checkbox"/>	NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>

Patient Information:

PATIENT NAME	DATE OF BIRTH	GENDER
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	CITY	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
PRIMARY PHONE NUMBER	HM WK CELL	SECONDARY PHONE NUMBER
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input style="width: 95%;" type="text"/>
LANGUAGE PREFERENCE (PLEASE CHECK ONE)		OTHER <input style="width: 150px;" type="text"/>
ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/>		

____ I am ready to quit tobacco and request the Oregon Tobacco Quit Line contact me to help me with my quit plan.
Verbal Consent

____ **I DO NOT** give my permission to the Oregon Tobacco Quit Line to leave a message when contacting me.
Verbal Consent ** By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: Consent obtained by: _____ **DATE:** ____/____/____

The Oregon Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

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

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):
 Primary #
 Secondary #