



Fax Number: 1-800-483-3114

Patient File Number: \_\_\_\_\_

**Provider Information:**

Fax Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_  
(if applicable)

Health Care Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I am a HIPAA-Covered Entity (Please check one)     Yes     No     I Don't Know

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Comments:

**Patient Information:**    Gender: \_\_\_\_ male / \_\_\_\_ female    Pregnant? \_\_\_\_Y \_\_\_\_N

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_    Wk #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_    Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Language Preference (check one):  English  Spanish  Other - \_\_\_\_

Tobacco Type (check primary use):  Cigarettes  Smokeless Tobacco  Cigar  Pipe

\_\_\_\_ I am ready to quit tobacco and request the North Carolina Tobacco Use Quitline contact me to help  
(Initial) me with my quit plan.

\_\_\_\_ I **DO NOT** give my permission to the North Carolina Tobacco Use Quitline to leave a message  
(Initial) when contacting me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The North Carolina Tobacco Use Quitline will call you. Please check the BEST 3-hour time frame for them 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.

8am - 12am EST     12am - 3pm EST     6pm - 9pm EST     9pm - 12pm EST

Within this 3-hour time frame, please contact me at (check one): hm/wk/cell