West Virginia TOBACCO QUITLINE
1-800-QUIT-NOW 1-877-966-8784

Community FAX-TO-QUIT Referral Form

1-800-QUIT-NOW

West Virginia Tobacco Quitline

FAX TOLL FREE TO:
1-866-900-4833

TODAY'S DATE: ___/___/___

FAX BACK #: (___) _____-______

Referred By: ________________________

Organization: ________________________

Address: ___________________________

City: __________________ Zip: _________

Phone: (____) ____-_________

Check appropriate organization:

- ☐ Right From The Start
- ☐ Wellness Council
- ☐ BCCSP
- ☐ Tobacco Free Pregnancy Initiative
- ☐ WISEWOMAN
- ☐ Rainbow (LGBT)
- ☐ Head Start ☐ Other: ____________

Participant Consent and Personal Information Section:

☐ I understand that the WV Tobacco Quitline will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give The WV Tobacco Quitline and/or the referring organization permission to discuss my referral.

Participant Name (please print): ___________________

✔ Participant or Guardian Signature: _____________

☐ Verbal Consent Received (if no signature above)

✔ Person Obtaining Verbal Consent (sign and print):

____

Date of Birth: ___/___/___

County of Residence: ___________________________

Insurance Carrier: ______________________________

If Medicaid, ID#: _______________________________

Phone: (___) ___-______

☐ Home ☐ Work ☐ Cell

Best Time to Call:

- ☐ 8am to 12pm
- ☐ 12pm to 5pm
- ☐ 5pm to 8:30 pm
- ☐ Specific: ______________

May We Leave a Message?:

☐ Yes ☐ No

☐ English Speaker

☐ Spanish Speaker

QUITLINE USE ONLY

Participant Enrolled ☐ Unable to Reach Participant ☐

Date: ___/___/ ___

For additional info or questions, please contact The WV Tobacco Quitline at **1-877-966-8784**
109 Capitol St., First Floor, Charleston, WV 25302