

### Help Your Patients Quit Smoking Today

A health care provider’s advice to quit tobacco use is an important motivator for tobacco users. In 5 minutes *or less*, you can execute the Georgia cAARds (Ask, Advise, and Refer with Follow-up) program and ensure your patients receive evidence based, best practice tobacco cessation counseling.

- **Ask** all patients about tobacco use during each visit
  - **Advise** them about the benefits of tobacco cessation
  - **Refer** them to the Georgia Tobacco Quit Line for a free “Quit Kit”, individualized plan and behavioral counseling : 1-877-270- STOP
  - **Complete** the Georgia Tobacco Quit Line fax Referral Form with the patient  
[GTOL Fax Referral Form](#) can be downloaded from DPH’s website
- 5 Sections to Complete:**
- a. Healthcare Center/ Clinic/ Physician Office/ Hospital Information
  - b. Select Tobacco Cessation Treatment Given: Ask, Advise , & Refer with Follow-up
  - c. Identify Professional Designation & Contact information
  - d. HIPAA Status & Request for Patient Outcome Report
  - e. Patient/ Client Information & Consent to release participation information
- **Inform** the patient they will be contacted by a Georgia Tobacco Quit Like staff member within 48 hours or less

Training on the Georgia cAARds Program is provided for free by the Georgia Tobacco Use Prevention Program. Click the link below.

### Engaging Tobacco Users: Tips for Health Care Providers in Georgia:

[www.GAtobaccointervention.org](http://www.GAtobaccointervention.org)

GEORGIA TOBACCO QUIT LINE HEALTHCARE FAX REFERRAL FORM  
 FAX COMPLETED FORM TO: 1-800-483-3114  
\*Smokers who a healthcare provider's advice to quit as an important motivator for attempting to quit smoking." United States Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence, 2008 Update

**Georgia Tobacco Quit Line Healthcare Fax Referral Form**  
 Healthcare Center, Clinic, Physician Office, Hospital, Administration

ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

**Tobacco Cessation Treatment Provided (Please check ALL appropriate boxes - fill out)**

ASK about tobacco status:  Tobacco use status and history of quit attempt(s) documented

ADVISE tobacco user to quit:  Tobacco cessation advice conducted and documented

REFER tobacco user to quit:  Refer to Quit  Refer to other resources  No ready, more info needed

ADVICE provided:  Brief counseling provided  Cessation medications prescribed (if appropriate)

REFER AND FOLLOW UP:  Refer to the free confidential Georgia Tobacco Quitline for additional professional support and assistance by being this form to 1-800-483-3114

**Professional Designation (Select one)**

Healthcare Provider (Complete Name): \_\_\_\_\_  
 Physician  Dentist  Other Practitioner  Physician Assistant  Registered Nurse

Professional Designation (Select one): \_\_\_\_\_  
 Emergency Room (ER) Staff:  Yes  No  
 Medical Provider:  Yes  No  Perinatal Case Manager  Yes  No  
 Fax Number: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**HIPAA STATUS & REQUEST FOR PATIENT OUTCOME REPORT**

The Georgia Tobacco Quit Line provides healthcare providers with a free Patient Outcome Report. To receive this service, the organization must be a Health Insurance Portability and Accountability (HIPAA) compliant entity. If you are not a HIPAA compliant entity, the patient will continue to receive referred Georgia Tobacco Quitline services.

I am a HIPAA Compliant Entity (Please check one):  Yes  No

I consent to release information to the Georgia Tobacco Quit Line:  Yes  No

**PATIENT/CLIENT INFORMATION**

Patient Name: \_\_\_\_\_  
 Patient Telephone Number: \_\_\_\_\_  
 Patient Alternate Telephone Number: \_\_\_\_\_  
 Language Preference (Please check one):  English  Spanish  Other language (please specify) \_\_\_\_\_

Please explain the Georgia Tobacco Quit Line as an excellent opportunity of professional development. Please fill out the following information to help us better understand your organization's needs.

Number of employees: \_\_\_\_\_ Please include the appropriate statement:  
 I am ready to quit tobacco use or have recently quit. I give permission for the Georgia Tobacco Quit Line professional staff to contact me with free additional resources and assist me with my tobacco quit plan.  
 I agree to have the Georgia Tobacco Quit Line staff share with my healthcare provider(s) that I have decided to enroll in tobacco cessation counseling services and provide them with the results of my participation.

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

The Georgia Tobacco Quitline staff will call you within 1-2 days. Please check the BEST time for them to contact you:  
 Days 9-11am  Days 1-3pm  Even 5-8pm  Even 7-9pm  Even 9-11pm (local time)

Disclaimer: The Georgia Tobacco Quitline provides specialized services for teen tobacco users (13 and older).

