

Help Your Patients Quit Smoking Today

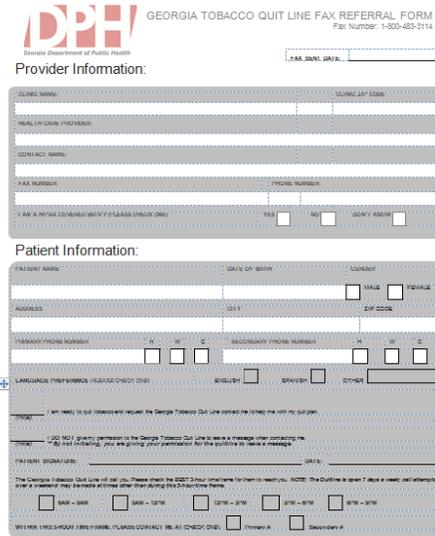
A health care provider’s advice to quit tobacco use is an important motivator for tobacco users. In 5 minutes *or less*, you can execute the Georgia cAARds (Ask, Advise, and Refer with Follow-up) program and ensure your patients receive evidence based, best practice tobacco cessation counseling.

- **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
- **Inform** the patient they will be contacted by a Georgia Tobacco Quit Line 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



The image shows a screenshot of the 'GEORGIA TOBACCO QUIT LINE FAX REFERRAL FORM'. The form is divided into two main sections: 'Provider Information' and 'Patient Information'. The 'Provider Information' section includes fields for 'CLINIC NAME', 'CLINIC ZIP CODE', 'PHYSICIAN PROVIDER', 'CONTACT NAME', 'FAX NUMBER', and 'PHONE NUMBER'. There are also checkboxes for 'FAX # PRINT COVERED BY?' and 'COPY # FROM?'. The 'Patient Information' section includes fields for 'PATIENT NAME', 'DATE OF BIRTH', 'GENDER' (Male/Female), 'ADDRESS', 'CITY', 'ZIP CODE', 'PRIMARY PHONE NUMBER', and 'SECONDARY PHONE NUMBER'. It also has checkboxes for 'LANGUAGE PREFERRED?' and 'ENGLISH?', 'SPANISH?', and 'OTHER?'. At the bottom, there are checkboxes for 'I AM HERE TO GET ASSISTANCE?' and 'I AM HERE TO GET ASSISTANCE?'. The form is titled 'Georgia Department of Public Health' and 'FAX NUMBER: 1-800-453-3114'.

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