

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 cAARs (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
[GTQL 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

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

ORGANIZATION		ZIP CODE	DATE FAXED
HEALTHCARE CENTER, CLINIC, PHYSICIAN OFFICE, HOSPITAL INFORMATION			
Tobacco Cessation Treatment Given (PLEASE CHECK ALL THAT APPLY) (PLEASE PRINT)			
ASK about tobacco status	Tobacco use status and history of quit attempt (s): <input type="checkbox"/> discontinued		
ADVISE tobacco user to quit	Tobacco cessation advice conducted and documented: <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASST tobacco user to quit	Hands to Quit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Thinking about quitting: <input type="checkbox"/> Yes <input type="checkbox"/> No	No results more info needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
REFER AND FOLLOW UP	Brief counseling provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cessation medication prescribed (if appropriate): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred to the free/confidential Georgia Tobacco Quitline for additional professional support and resources by faxing this form to: 1-800-483-3114			
REFERRING HEALTHCARE PROVIDER/PROFESSIONAL INFORMATION			
Healthcare Provider/Client Name	Professional Designation (select one): <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse		
Emergency Room (ER) Staff	Other provider: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Provider	Perinatal Case Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fax Number	Telephone Number		
E-Mail Address			
HIPAA STATUS & REQUEST FOR PATIENT OUTCOME REPORT			
<small>The Georgia Tobacco Quit Line provides tobacco cessation services with a Participant Outcome Report. To receive this service, the organization must be a Health Insurance Portability and Accountability Act (HIPAA) compliant entity. If you are not a HIPAA-compliant entity, the patient will continue to receive referred Georgia Tobacco Quit Line services.</small>			
<input type="checkbox"/> I am a HIPAA-Compliant Entity (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I would like to receive an initial Participant’s Outcome Report <input type="checkbox"/> Yes <input type="checkbox"/> No			
PATIENT/CLIENT INFORMATION			
Patient Name	Patient Telephone Number		
Patient Alternate Telephone Number	Language Preference (Please check one): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other language (please specify)		
<small>Please contact the Georgia Tobacco Quit Line to check availability of free Nicotine Replacement Therapy (NRT) products.</small>			
<small>(If applicable, use this free important telephone number): 1-877-270-STOP</small>			
<small>Professional telephone support from a Tobacco Cessation Specialist will greatly increase your chance of success.</small>			
Initial below	Please initials for the appropriate statement:		
<input type="checkbox"/>	I am ready to quit tobacco use or have made a 1-yr. promise for the Georgia Tobacco Quit Line professional staff to contact me with free additional resources and assist me with my tobacco quit plan.		
<input type="checkbox"/>	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			
<small>The Georgia Tobacco Quitline staff will call you within 1-2 days. Please check the BEST time for them to contact you:</small>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9am to 12pm	12pm to 2pm	2pm to 5pm	5pm to 11pm (weekend)
<small>Advancing Patients: The Georgia Tobacco Quitline provides specialized services for teen tobacco users (13-17 and older).</small>			

*All parameters and surcharges are decided independently from the Department of Public Health.
 *The Glynn County Employee Wellness Center is a HIPAA authorized entity and compliant with all HIPAA requirements.

