

Fax-to-Quit

Patient Progress

Patient stamp, label or name, record number, DOB, date:

Patient Information

Patient's Name:

Referrer:

Date of Birth:

Phone Number:

Patient Contact Attempts

Date	By	Call Type	Result	Assessment
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Call Outcomes

Comments

Quit Commitment

- Your patient wants to quit.
- Your patient has chosen a quit date:
- Your patient has not determined a quit date but plans a quit attempt within two weeks.

NRT Eligibility

- Eligible: Your patient was sent a 2-week supply of:
- Your patient was ineligible for a 2-week supply of NRT.
Reason:
- Your patient has already received NRT and is using NRT.
- Your patient is not using NRT yet.
- Your patient has discontinued use of NRT. Reason:

Referrals