Texas Tobacco Quitline Fax Referral Form Fax Number: 1-800-483-3114

Client Information:			
Name:		_DOB:	
Phone number:		_	
Gender: 🛛 Female 🖵 Male			
Pregnant? 🛛 Yes 🗖 No			
Language preference (check one):	🗅 English 🗅 Spanish 🗅 Other (list):		
Tobacco type used (check all that apply):	CigarettesCigar	 e-cigarettes (vapes) Pipe 	Smokeless tobacco
Please read and initial below.			
I am ready to quit tobacco withi me about my quit plan.	n 30 days and g	ive my permission for the	Quitline staff to contact
The Quitline staff will call you. Please chec	k the best 3-hou	Ir time frame for staff to r	each you.
□ 6 a.m9 a.m.			
9 a.m12 p.m.			
□ 12 p.m3 p.m. □ 3 p.m6 p.m.			
□ 6 p.m9 p.m.			
Client Signature*:		Dat	te:
*By signing above, I give permission to the Texas WIC P			
I am aware that my WIC benefits will not be affected b	y my choice to receiv	e or not receive services from the	e Texas Quitline.

FOR OFFICE USE ONLY:				
Local Agency number:	Site number:	Date faxed:		
Local Agency name:				
Clinic fax number:				



