

Available to Patients with Primary Care through:

**Cooley Dickinson affiliated providers**

## 2022 Referral for **QuittersWin** Smoking Cessation

PCP \_\_\_\_\_ PRACTICE \_\_\_\_\_

Referring Provider (if different than PCP) \_\_\_\_\_

Patient Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address (if available) \_\_\_\_\_ @ \_\_\_\_\_

Tobacco History

Current Pack years: \_\_\_\_\_ Age of onset: \_\_\_\_\_

Quit Attempts \_\_\_\_\_ Quit Modalities tried \_\_\_\_\_

### How can we help?

- VIRTUAL** QuittersWin Support Group, **Mondays 4:00pm** (on Zoom)
  - First time attendees must attend 3:30 orientation session (1 time only)
- VIRTUAL** QuittersWin Support Group, **Wednesdays 4:00pm** (on Zoom)
  - First time attendees must attend 3:30 orientation session (1 time only)
- Telephone Coaching (most Mon, Tue, Wed, 7:30am-3pm)
  - Patients are free to call during these hours at **their** convenience!
  - Patients can text anytime (responses quicker Mon, Tue, Wed)
- Text Message Support (2-3 texts per week)

Comments: \_\_\_\_\_

\_\_\_\_\_

**For internal use only** Rec'd: \_\_\_\_\_ 1<sup>st</sup> try: \_\_\_\_\_ 2<sup>nd</sup> try: \_\_\_\_\_ 3<sup>rd</sup> try: \_\_\_\_\_

Comments:

# entered  intro phone sched sent  intro BESO sent  delivery confirmed  \_\_\_\_\_  \_\_\_\_\_

Schedule Orientation: \_\_\_\_\_ Start Date \_\_\_\_\_

Please FAX completed Referral to: ATTN Tim Sweeney **Secure FAX# 413-772-3397**