SOUTH CAROLINA TOBACCO QUITLINE
www.scdhec.gov/quitforkeeps

1-800-784-8669

Administered by the SC Department of Health and Environmental Control

DHEC Provider Fax Referral Form

Quitline Fax Number:
1-800-483-3114

Patient File Number: _____

INSTRUCTIONS: PLEASE COMPLETE THIS FORM AND FAX WITH A COVER SHEET TO 1-800-483-3114.
PATIENT MUST SIGN FORM. GIVE PATIENT A COPY.

Provider Information (*ALL FIELDS REQUIRED – PLEASE PRINT LEGIBLY*): **Date of Fax:** _____/_____/_____

Health Region: select one _____ **County Name:** select one _____ **Program Code:** select one _____

Name of a Primary Contact Person: _____

Fax: (_____) _____ - _____ **Phone:** (_____) _____ - _____ **Email:** _____

Patient Information ***(all fields required)***: **Gender:** ☐ **Male** ☐ **Female** **Pregnant?** ☐ **Y** ☐ **N**

Patient Name: _____ **DOB:** _____/_____/_____
(Last, First) Month Day Year

Address: _____ **City:** _____ **Zip:** _____

Primary Phone #: (_____) _____ - _____ **Type:** ☐ **Home** ☐ **Work** ☐ **Cell**

Secondary Phone #: (_____) _____ - _____ **Type:** ☐ **Home** ☐ **Work** ☐ **Cell**

Language Preference (check ONLY one): ☐ **English** ☐ **Spanish** ☐ **Other:** _____

Tobacco Type (check primary use - ONLY one): ☐ **Cigarettes** ☐ **Smokeless Tobacco** ☐ **Cigar** ☐ **Pipe**

_____ I am ready to quit tobacco and I request that the *South Carolina Tobacco Quitline* contact me by telephone
(Initial) to help me with my quit plan; I authorize the above named provider to fax this form to the Quitline.

_____ I **DO NOT** give my permission to the *South Carolina Tobacco Quitline* to leave a message on my telephone
(Initial) when contacting me.

_____ I **DO NOT** authorize the South Carolina Tobacco Quitline to fax back to the above named provider any
(Initial) information about this referral.

Patient Signature ***(required)***: _____ **Date:** _____/_____/_____

The South Carolina Tobacco Quitline will call you. Please check the BEST 3-hour time frame for a representative to reach you. ***NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.***

☐ **6 am – 9 am** ☐ **9 am – 12 noon** ☐ **12 noon – 3 pm** ☐ **3 pm – 6 pm** ☐ **6 pm – 9 pm** ☐ **9 pm – 12 Midnight**

Within this 3-hour time frame, please contact me at ***(check one)***: ☐ **home** ☐ **work** ☐ **cell**

TO THE PATIENT

THIS IS YOUR REMINDER THAT THE QUITLINE WILL CALL YOU BACK AT THE NUMBER AND WITHIN THE TIME FRAME YOU HAVE CHECKED ABOVE. TREAT THIS AS YOUR "TELEPHONE APPOINTMENT."

WIC CLIENTS: YOU DO NOT HAVE TO PARTICIPATE IN THE FAX REFERRAL PROGRAM WITH THE SOUTH CAROLINA TOBACCO QUITLINE TO RECEIVE OR BE CONSIDERED ELIGIBLE FOR WIC BENEFITS. DHEC AND THE SOUTH CAROLINA TOBACCO QUITLINE AGREE TO KEEP THE INFORMATION YOU PROVIDE CONFIDENTIAL.

© 2014 Alere Wellbeing, Inc. All rights reserved.
Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material.
Do not review, disclose, copy, or distribute.

Instructions for Completing the South Carolina Tobacco Quitline
DHEC Provider Fax Referral Form

DHEC 1042 (07/2014)

DHEC Form 1042 is used to refer a DHEC client who smokes or uses other tobacco products to the South Carolina Tobacco Quitline via a fax referral system. The following steps must be followed *prior* to sending a fax referral to the Quitline.

General:

1. DHEC provider must follow the protocol in the *DHEC Tobacco Cessation Intervention Policy* (2As + R) before referring a client to the Quitline. These steps are: **Ask** about tobacco use; **Advise** to quit and ask if client is ready; **Refer** to Quitline for cessation counseling and recommend client sees primary care physician for cessation medication guidance.

2. Write DHEC Patient File Number in box at top right of form.

Provider Information:

3. Enter date form is faxed to Quitline.

4. a. Enter name of DHEC HEALTH REGION (Low Country, Midlands, Pee Dee or Upstate).
   b. Enter ONLY the name of your COUNTY (no cities or towns).
   c. Enter ONLY ONE (1) PROGRAM CODE (004, 612, 052, 011/111, 009, 095 OR Other 3-digit PCAS code).
   Enter name of a primary contact person.

5. Enter clinic's fax number, telephone number and E-mail address of primary contact person.

Patient (Client) Information:

6. Check gender of client.

7. Check if client is pregnant.

8. Enter patient's/client's name, date of birth, and full mailing address.

9. Enter patient's primary and secondary telephone numbers, including area codes and type of the number.

10. Check client's language preference.

11. Check type of *primary* tobacco use.

12. **CLIENT MUST AGREE TO RECEIVE A CALL FROM THE QUITLINE**. If so, client *must* write his/her initials on the line prior to the statement: "I am ready to quit tobacco and I request that the South Carolina Tobacco Quitline contact me by telephone to help me with my quit plan; I authorize the above named provider to fax this form to the Quitline."

13. If client DOES NOT want the Quitline to leave a message on their telephone, client *must* write his/her initials on the line prior to the statement: "I DO NOT give my permission to the South Carolina Tobacco Quitline to leave a message on my telephone when contacting me."

14. If client DOES NOT want the Quitline to send a referral Outcome Report back to this provider, client *must* write his/her initials on the line prior to the statement: "I DO NOT authorize the South Carolina Tobacco Quitline to fax back to the above named provider any information about this referral."

15. **PATIENT/CLIENT MUST SIGN AND DATE THE FORM.**

16. **PATIENT/CLIENT MUST CHECK THE BOX OF THE BEST 3-HOUR TIME FRAME FOR A QUITLINE REPRESENTATIVE TO REACH HIM OR HER.**

17. **PATIENT/CLIENT MUST RECEIVE A COPY OF THE FORM.**

Final Steps:

18. Fax the completed DHEC 1042 to the Quitline Fax Number listed in box at top right side of form. Copy goes to client and original goes in health record.
19. DHEC provider must file the completed DHEC 1042 (only if DHEC makes the referral) in the client health record in the correspondence section behind the DHEC 1610 or in the correspondence section of the WIC chart. The form is filed according to the current health record format. In accordance with the Code of Laws of South Carolina as amended in 1976, information "housed" in the medical record has a retention of 10 years (for adult records) and 13 years (for minors' records; and the patient is at least 18 years old at the time the record is destroyed).