

**Tri-County Cancer Coalition
Tobacco Cessation Therapy Referral Form**

Provider Information:

Provider/Physician Name (Please Print): _____

Provider/Physician Address: _____

Provider Phone #: _____ Provider Fax #: _____

Patient Information:

Patient Name: _____ Date of Birth: _____

Mailing Address: _____ Gender: ___ Male ___ Female

City: _____ Zip Code: _____

County of Residence: _____ Phone: _____

Tobacco Cessation Medication Information:

How much tobacco product does the patient consume per day? _____

Does the physician recommend a specific dosage of medication, if so, how much?

How long does the physician wish for the patient to be on the medication?

___ 2 weeks ___ 4 weeks ___ 6 weeks ___ 8 weeks ___ 10 weeks

___ Other (specify _____)

Support Program(s):

It is recommended that individuals participate in a support program along with the nicotine patches.

We understand that depending on the stage of cancer treatment, this may not be possible, but it is encouraged if possible.

Will this patient be participating in any of the following support programs? ___ Yes ___ No

Please check which program(s) the patient will be participating in.....

____ Cooper/Clayton Program ____ Kentucky's Tobacco Quit line (1-800-QUIT-NOW)

____ Quit Now Kentucky Online Program ____ Other program: _____

Physician's Signature: _____ Date: _____

Instructions for completing form:

*FORM MUST BE COMPLETED BY PHYSICIAN'S OFFICE

*Patient must be a resident of Knox, Laurel, or Whitley County.

*Mail completed form to:

Tri County Cancer Coalition

P.O. Box 1331

Corbin, Kentucky 40702

*Please allow 5-7 business days for approval of application

*Patient's with Medicaid should be referred to their Medicaid Provider FIRST:

Please contact the number on the back of the patient's Medicaid card to find out if the patient is eligible for cessation medication from the insurance provider. If so, please refer the patient to the insurance provider first. If the patient is not eligible for medication from the insurance provider, please complete this form and mail it to the address above.

*For more information about the completion of this form, please contact one of our local health departments:

Laurel County Health Department: (Brandi Gilley) 606-878-7754

Whitley County Health Department: (Kathy Lay) 606-549-3380

Knox County Health Department: (Belinda Prichard) 606-546-3486