

A close-up photograph of several cigarette butts. The focus is on a white filter tip in the foreground, which is surrounded by a pile of dark, crumbly ash and tobacco. In the background, two orange-tipped cigarettes are visible, slightly out of focus.

# 1-866-QUIT-YES

Se habla español.



ILLINOIS TOBACCO  
**QUITLINE**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
AMERICAN LUNG ASSOCIATION IN ILLINOIS

Visit us online to  
listen to success stories.



[quityes.org](http://quityes.org)



# BECOME A QUITLINE REFERRAL PARTNER

1-866-QUIT-YES  
Se habla español.

## WHAT IS THE ILLINOIS TOBACCO QUITLINE?

The Illinois Tobacco Quitline (ITQL) is a free telephone resource that provides tobacco cessation counseling and information to tobacco users who want to quit tobacco use, and tobacco cessation material to individuals requesting information to give to a tobacco user.

Nicotine replacement therapy (NRT) may be recommended in combination with cessation counseling. Depending on funding and availability, nicotine patches, lozenges, and gum may be provided to eligible ITQL callers through the Illinois Department of Public Health statewide NRT distribution program. In addition to telephone counseling services, ITQL offers web-based services including general information about ITQL, response to information requests about tobacco cessation, online interactive counseling, direct referral, and e-mail referrals and requests for a call from an ITQL counselor.

## WHO STAFFS THE QUITLINE?

ITQL is staffed by tobacco treatment specialists, registered nurses, and respiratory therapists who have received training in tobacco cessation counseling. Both English and Spanish-speaking counselors are available on the ITQL staff. For callers who speak other languages, an interpretation service with access to more than 200 languages is used. For callers who are Deaf or hard of hearing, counseling is provided through video relay or TTY: 1-800-501-1068.

**Business hours are 7:00 a.m. to 9:00 p.m. M-F, 9:00 a.m. to 5:00 p.m. Sat-Sun (CST),** and messages received outside of business hours are returned within 24 hours. ITQL is funded by the Illinois Department of Public Health and managed by the American Lung Association in Illinois.

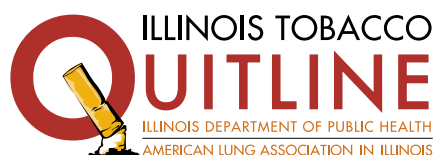
## WHY SHOULD I BECOME A QUITLINE REFERRAL PARTNER?

Nationally recommended best practices indicate that tobacco users are more likely to attempt quitting tobacco if a community-based organization supports quitting and refers the client for cessation treatment. All tobacco users should receive advice to quit and should be offered brief or more intensive counseling services (in person or via a quitline) and FDA-approved cessation medication, if indicated.

Telephone quitlines have been shown to be effective in providing wide access to evidence-based cessation counseling. Healthcare providers and systems can take advantage of the availability of ITQL services by implementing a system that regularly refers patients to ITQL through electronic or fax referrals. As an ITQL referral partner, a healthcare provider will be able to easily, quickly, and effectively refer patients who are tobacco users for cessation counseling and support.

## HOW DO I BECOME A QUITLINE REFERRAL PARTNER?

Any community-based organization, facility, or system that provides healthcare services to tobacco users may register as a Quitline Referral Partner. Providers who wish to register or have additional questions should contact their local health department or the ITQL. After the organization has been registered as a Quitline Referral Partner, training to integrate the referral process into clinical practice and necessary referral forms will be provided by ITQL.



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# GETTING STARTED

## AS A QUITLINE HEALTHCARE REFERRAL PARTNER

1-866-QUIT-YES  
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### HOW DO I DETERMINE IF A PATIENT SHOULD BE REFERRED?

During each office visit with a patient who uses tobacco products, a healthcare provider should use a brief tobacco intervention such as the 5As (Ask, Advise, Assess, Assist, Arrange) or Ask, Advise, Refer to determine a patient's smoking status and readiness to quit. If the patient is contemplating quitting or is ready to quit, the provider should complete the Illinois Tobacco Quitline (ITQL) Tobacco Treatment Enrollment form, and submit it to ITQL by the method specified in the healthcare provider's Quitline referral agreement.

Before implementation of the Quitline referral program in a healthcare facility, the ITQL outreach team will provide training to staff who will be involved in the referral process via in person or online. Training will cover completion and submission of the Tobacco Treatment Enrollment form, Brief Tobacco Interventions, and additional skills for talking to patients about tobacco use.

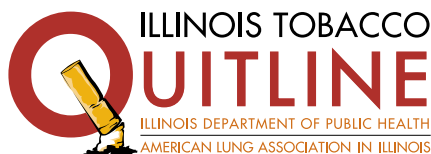
### HOW DO I SUBMIT A REFERRAL?

Referrals to the ITQL may be submitted by fax, electronic fax, or direct referral. The ITQL will provide each new referral partner with a customized Tobacco Treatment Enrollment form containing the provider's organization logo or name and a provider identification number.

When completing a referral to ITQL, the provider must obtain the signature of the patient, patient representative, or act as the authorized representative for the provider to release information on the enrollment form to ITQL. Without a signature, ITQL will not be authorized to contact the patient.

### ARE YOU ABLE TO TRACK HOW MANY REFERRALS MY OFFICE SUBMITS?

Use of the client identification number will enable ITQL to track referrals accurately for individual providers. Providers will be able to access aggregate data and reports.



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**1-866-Quit-Yes**

**FREE** nicotine patches, gum, and lozenges for those eligible.

Videos, tips, FAQs, in-office material, handbooks, and more for healthcare providers to offer intervention and patient support.

[cdc.gov/tobacco/campaign/tips/partners/health/index.html](http://cdc.gov/tobacco/campaign/tips/partners/health/index.html)

Along with the Illinois Tobacco Quitline, the CDC offers valuable material.



**I'M READY TO HELP MY PATIENTS  
WHO USE TOBACCO.  
HOW CAN I GET STARTED?**

# ASK, ADVISE, REFER

## Treating Tobacco Dependence

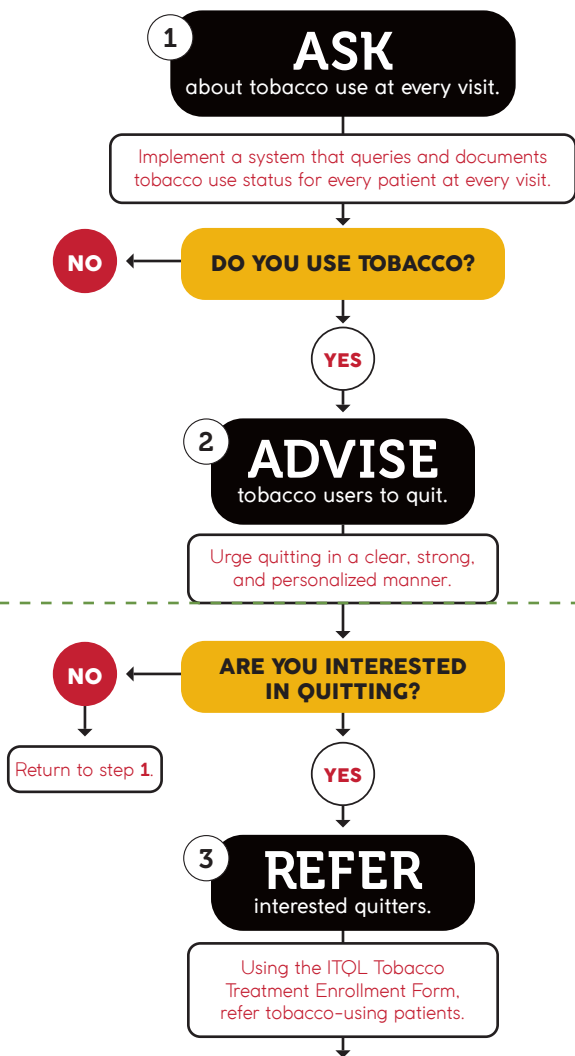




# ASK, ADVISE, REFER

Treating Tobacco Dependence

1-866-Quit-Yes  
Se habla español.



1-866-784-8937

M – F: 7 am – 9 pm WEEKENDS: 9 am – 5 pm



# HEALTHCARE PARTNERS TOBACCO TREATMENT ENROLLMENT FORM

## 1-866-QUIT-YES



### PATIENT INFORMATION

#### FIRST NAME

#### LAST NAME

#### MAILING ADDRESS

#### CITY

#### STATE

#### ZIP

#### E-MAIL ADDRESS

#### PHONE NUMBER

#### ALTERNATE PHONE

#### DATE OF BIRTH

#### GENDER

☐ Male ☐ Female

#### RACE/ETHNICITY

#### LANGUAGE

☐ English ☐ Spanish ☐ Other (specify)

#### PREGNANT

☐ Yes ☐ No

#### MEDICAID PARTICIPANT

☐ Yes ☐ No

#### MAY WE LEAVE A MESSAGE?

☐ Yes ☐ No

#### BEST TIME TO CALL?

☐ 7 - 10 am ☐ 7 - 10 am ☐ 1 pm - 4 pm ☐ 4 pm - 7 pm ☐ 7 pm - 9 pm

### PATIENT SIGNATURE

I authorize my provider to release the information on this enrollment form to the Illinois Tobacco Quitline (ITQL) for the purpose of my participation in the tobacco cessation program and also to authorize ITQL and its representative to contact me at the phone number(s) listed above. I give ITQL and the referring agency permission to discuss my use of the service.

Signature of the patient or patient's representative

Date

Printed name of patient representative

Relationship to patient

### HEALTHCARE PROFESSIONAL

## YOUR LOGO HERE

SIGNATURE of clinic personnel:

X

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FAX THIS FORM TO: 1-855-QUIT-FAX (1-855-784-8329) • hlfaq@lung.org







# QUITLINE HEALTHCARE REFERRAL PARTNER REGISTRATION FORM



**COMPLETE THIS FORM TO REGISTER AS A QUITLINE REFERRAL PARTNER.**

**Return this form by fax to 217-787-5916 or e-mail to [info@quityes.org](mailto:info@quityes.org).**

## A. PARTNER INFORMATION

Facility Name \_\_\_\_\_ Department/Division \_\_\_\_\_  
Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## B. FACILITY INFORMATION

### Facility Type

- |   |   |
|---|---|
| <input type="checkbox"/> Local Health Department  | <input type="checkbox"/> Hospital (Public or Private) |
| <input type="checkbox"/> Private Physician Office   | <input type="checkbox"/> Dental Health Provider       |
| <input type="checkbox"/> Community Health Center  | <input type="checkbox"/> Mental Health Provider       |
| <input type="checkbox"/> Community-Based Organization   | <input type="checkbox"/> Other (please specify)       |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) — including all divisions, e.g., dental clinic, mental health, of the FQHC or Rural Health Center |   |

Will the referral program be implemented across the entire facility or only in select divisions?

- ☐ Entire facility  
☐ Select divisions

Please specify \_\_\_\_\_

## C. REFERRAL METHOD

- ☐ Paper fax  
☐ Electronic fax

## D. HOW DID YOU HEAR ABOUT THE QUITLINE REFERRAL PROGRAM?

- |   |  |
|---|--|
| <input type="checkbox"/> Local Health Department Representative   | <input type="checkbox"/> Conference Exhibit/Presentation |
| <input type="checkbox"/> American Lung Association Representative | <input type="checkbox"/> Online                          |
| <input type="checkbox"/> Current Referral Program Partner         | <input type="checkbox"/> Other _____                     |

### FOR OFFICE USE:

Date received _____	Orientation conducted by _____ on _____
Entered into GMEE Database <input type="checkbox"/> Yes <input type="checkbox"/> No	Tracking ID _____
Treatment form created <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment form sent to partner <input type="checkbox"/> Yes <input type="checkbox"/> No



# QUITLINE REFERRAL PROGRAM MATERIAL ORDER FORM

(No limit on quantities — based on supply.)



## RACK CARD BUNDLES

(50-card bundles; two-sided design)

Quantity \_\_\_\_\_

\_\_\_\_\_ English language

\_\_\_\_\_ Spanish language



## POSTERS (PDF files)

☐ Please check to have file emailed.

## ILLINOIS TOBACCO QUITLINE MATERIAL ORDER FORM

Contact \_\_\_\_\_

Company \_\_\_\_\_

Shipping Address (No PO Boxes) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

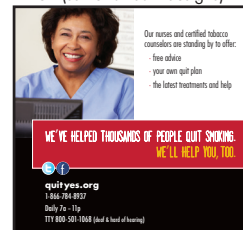
Email \_\_\_\_\_

Date Requested \_\_\_\_\_ Date needed \_\_\_\_\_

☐ I would like more information about becoming a referral partner.



BACK (same for both designs)



## TEAR-OFF PAD

(Two-sided design; alternating front design)

Quantity \_\_\_\_\_

\_\_\_\_\_ Tear-Off Pad (50 sheets per pad)



## BUSINESS CARD BUNDLES

(100-card bundles)

Quantity \_\_\_\_\_

\_\_\_\_\_ English language

\_\_\_\_\_ Spanish language



**TO ORDER CALL**  
217.782.3300

## WINDOW CLING

English Only

**FAX** this form to the Quitline at 217.787.5916

**DOWNLOAD** this form at QuitYes.org

**EMAIL** this form to info@lungil.org

or

**MAIL** this form to:  
Illinois Tobacco Quitline  
3000 Kelly Lane  
Springfield, IL 62711

A new order form will be included with each request for material.