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

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.

ILLINOIS TOBACCO QUITLINE
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
AMERICAN LUNG ASSOCIATION IN ILLINOIS

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This program is funded by the Illinois Department of Public Health in partnership with the American Lung Association in Illinois.

QuitYes.org

GETTING STARTED

AS A QUITLINE HEALTHCARE REFERRAL PARTNER

1-866-QUIT-YES
Se habla español.

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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ASK, ADVISE, REFER

Treating Tobacco Dependence

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

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

cdc.gov/tobacco/campaign/tips/partners/health/index.html

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

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

1-866-Quit-Yes

ASK, ADVISE, REFER

Treating Tobacco Dependence

1-866-Quit-Yes

Se habla español.

1 ASK about tobacco use at every visit.

Implement a system that queries and documents tobacco use status for every patient at every visit.

DO YOU USE TOBACCO?

NO

YES

2 ADVISE tobacco users to quit.

Urge quitting in a clear, strong, and personalized manner.

ARE YOU INTERESTED IN QUITTING?

NO → Return to step **1**.

YES

3 REFER interested quitters.

Using the ITQL Tobacco Treatment Enrollment Form, refer tobacco-using patients.

ILLINOIS TOBACCO QUITLINE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

AMERICAN LUNG ASSOCIATION IN ILLINOIS

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

ILLINOIS TOBACCO QUITLINE
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
AMERICAN LUNG ASSOCIATION IN ILLINOIS

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

000000 Provider Id#

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

SOCIOS DE CUIDADO DE SALUD
INSCRICION DEL TRATAMIENTO DE TABACO EN ESPAÑOL
1-866-DEJALO-YA

ILLINOIS TOBACCO QUITLINE
DEPARTAMENTO DE SALUD PÚBLICA DE ILLINOIS
AMERICAN LUNG ASSOCIATION IN ILLINOIS

INFORMACIÓN DEL PACIENTE

NOMBRE

APELLIDO

DIRECCION

CIUDAD **ESTADO** **NUMEROPOSTAL**

CORREO ELECTRONÍCO

TELEFONO PRINCIPAL - **TELEFONO SECUNDARIO** - **FECHA DE NACIMIENTO** / /

GENERO

☐ Masculino ☐ Feminino

RAZA/ÉTNICA

IDIOMA DE PREFERENCIA

☐ Inglés ☐ Español ☐ Otros (especificar)

EMBARAZADA

☐ Sí ☐ No

MEDICAID PARTICIPANTE

☐ Sí ☐ No

¿PODEMOS DEJAR UN MENSAJE?

☐ Sí ☐ No

¿CUANDO PODEMOS LLAMARLE?

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

EL PACIENTE FIRMA A CONTINUACION

Yo por este medio autorizo a mi proveedor que revele la información en este formulario de inscripción a la Línea para Dejar de Fumar en Illinois para participar en el programa para dejar de fumar. Yo también autorizo a la Línea para Dejar de Fumar en Illinois y sus representantes que se comuniquen conmigo al número de télefono(s) que he provisto arriba al reibir esta referncia de mi proveedor. Doy el Quitline y el permiso de la agencia que se refiere de discutir mi uso del servicio.

Firma del paciente o representante del paciente

Fecha

Nombre del representante del paciente en letra del molde

Parentesco con el paciente

PROFESIONAL DEL CUIDADO DE LA SALUD

SU LOGO AQUÍ

FIRMA del personal clinic:

X

000000 Identificación del proovedor

ENVIE ESTA FORMA A: 1-855-QUIT-FAX (1-855-784-8329) • hlfax@lung.org

QUITLINE HEALTHCARE REFERRAL PARTNER REGISTRATION FORM

ILLINOIS TOBACCO QUITLINE
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
AMERICAN LUNG ASSOCIATION IN ILLINOIS

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.

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

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

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?

- ☐ Local Health Department Representative
- ☐ American Lung Association Representative
- ☐ Current Referral Program Partner
- ☐ Conference Exhibit/Presentation
- ☐ Online
- ☐ Other _____

FOR OFFICE USE: Date received_____ Orientation conducted by _____ on_____

Entered into GMEE Datatbase ☐ Yes ☐ No Tracking ID _____

Treatment form created ☐ Yes ☐ No Treatment form sent to partner ☐ Yes ☐ No

QUITLINE REFERRAL PROGRAM
MATERIAL ORDER FORM

(No limit on quantities — based on supply.)

ILLINOIS TOBACCO QUITLINE
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
AMERICAN LUNG ASSOCIATION IN ILLINOIS

FRONT

BACK

RACK CARD BUNDLES
(50-card bundles; two-sided design)
Quantity
____ English language
____ Spanish language

POSTERS (PDF files)
☐ Please check to have file emailed.

FRONT 1

FRONT 2

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

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.

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.