

Available to Patients with Primary Care through:
Cooley Dickinson affiliated providers or Valley Medical Group providers

2021 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: _____ 1st try: _____ 2nd try: _____ 3rd 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**