



## Participant Outcome Report

**Your Clinic recently referred a patient via the Idaho Quitline Fax Referral Program. This form describes the type of service the patient received through the Idaho Quitline. Please place this in the patient's file.**

### **Clinic Information:**

Clinic Name:

Clinic Phone Number:

Clinic Fax Number:

### **Patient Information:**

Participant Name:

Participant Address:

Participant Primary Phone Number:

Participant Date of Birth:

### **Outcomes:**

Status:

Program:

NRT:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

#### *Definitions of Outcomes Listed Above*

##### **Status**

- **Accepted Services:** Participant was reached and accepted service.
- **Declined Services:** Participant was reached and declined service.
- **Unreachable:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

##### **Program**

- **General Questions:** Participant inquired about the quitline and its services, but did not opt for an intervention or materials.
- **Materials Only:** Participant requested printed materials only.
- **One-Call:** Participant received a single call intervention with a Quit Coach.
- **Multi-Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls.
- **Web Only:** Participant enrolled in web-based cessation services.

##### **NRT**

- Participant was screened and dosed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

---

#### **\*\*CONFIDENTIALITY STATEMENT\*\***

This facsimile transmission may contain confidential information that is protected by Washington State and/or federal law which prohibits any disclosure, copying, distribution, or other use of the contents of this faxed information. This information is intended solely for the use of the addressee named above and you may be exposed to legal liability if you disclose it to another person. If you are not the intended recipient, or have received this facsimile in error, please notify the sender immediately by telephone to arrange for the return and/or destruction of this facsimile.