HMSA
Blue Cross Blue Shield of Hawaii
An Independent Licensee of the Blue Cross and Blue Shield Association

Ready, Set, Quit! Smoking Cessation Program
Physician Referral Form

Complete and fax to Behavioral Care Connection at (808) 952-4450 or 1 (800) 210-7210.

1. Assess patient's readiness to quit smoking by giving 30-second advice message below.

30-second advice message from provider to current smokers:

1. Quitting smoking is the most important thing you can do to protect your health now and in the future.
2. Cutting down while you are ill is not enough.
3. It's important for you to quit smoking now.
4. I believe you can quit smoking if you want to and can refer you to a free program that can help you.
5. Are you ready to quit smoking?

2. If patient wants to quit and agrees to referral to Ready, Set, Quit!, complete sections below.

Patient Information

Last name _____ First name _____ DOB __ __ /__ __ /__ __
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Member # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Plan Type (circle): HMO PPO QUEST Other _____

Address _____

City _____ ZIP __ __ __ __ __ Island _____

Home phone __ __ __ - __ __ __ __ Work phone __ __ __ - __ __ __ __ Other # __ __ __ - __ __ __ __

Patient's Signature _____ Date __ __ / __ __ / __ __

Referring Physician Information

Last name _____ First name _____

Address _____ City _____ ZIP __ __ __ __ __

Phone __ __ __ - __ __ __ __ Fax __ __ __ - __ __ __ __

3. A Ready, Set, Quit! case manager will contact the patient to complete the enrollment process and start phone counseling.