

How to Submit Web-based Referrals to Kick It California



STEP 2 Enter ALL fields for Referring Professional & Patient/Client

Referring Professional Information

First Name*

Last Name*

Email*

Clinic/Organization*

STEP 3 Enter FULL clinic or community-based organization name

Patient/Client Information

First Name*

Last Name*

Date of Birth (MM/DD/YYYY)*

Phone Number*

Gender

Language


Patient/Client Consent

Obtain patient consent. Quit Coaching is available to those aged 13 or older.

Patient/Client or Guardian (if under 18) consents to allow the referring organization to share contact information with Kick It California for the purpose of offering cessation services through phone or email.

STEP 4 Yes, I consent

Verify

 I'm not a robot 
reCAPTCHA
Privacy * Terms

STEP 5

Submit



A Quit Coach will call the patient within 2 business days after referral is made.

1.800.300.8086

KICK/IT California