NB anti-tobacco COALITION antitabac du N.-B.

Tobacco Free. Everyone. Everywhere.
Sans tabac. Pour tous. Partout.

smokers'helpline

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333

HEALTH PROFESSIONAL REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Health Professional Discipline (Please select one) Name of Workplace _____

❍ Physician ❍ Nurse Practitioner ❍ Nurse ❍ Respiratory Therapist ❍ Dental Hygienist

❍ Pharmacist ❍ Social Worker ❍ Chiropractor ❍ Dietitian ❍ Other: (Please specify)_____

Name: _____ Telephone:( ) _____

PATIENT / CLIENT - CONTACT INFORMATION – PLEASE PRINT

_____ _____
First Name Last Name

_____ _____
Street Address City/Town

New Brunswick _____
Province Postal Code

(_____) _____
Telephone
❍ Home ❍ Cell ❍Work

(_____) _____
Alternate Telephone (optional)
❍ Home ❍ Cell ❍Work

_____
Email Address

Language preference
❍ English ❍ French

Gender
❍ Male ❍ Female ❍ Identify as: _____

Are you pregnant?
❍ Yes ❍ No

Have you given birth within the past 6 months?
❍ Yes ❍ No

Smokers' Helpline usually calls the client within 3 business days of receiving a referral

When should we call? ❍ Morning ❍Afternoon ❍Evening ❍ Anytime

May we leave a message identifying ourselves as *Smokers' Helpline*? ❍ Yes ❍ No

PATIENT/CLIENT – INFORMED/VERBAL CONSENT

It is understood that this form will be faxed to Smokers' Helpline (SHL), so that SHL can contact the referred individual regarding his or her attempt to quit smoking, and also for SHL to communicate with the referring healthcare provider. SHL will keep all information confidential and will only use it for the purpose of administering the fax referral program.

_____
Signature of Patient/Client or Referring Healthcare Provider Date (month/day/year)

Form revised October 2014