

# Smokers' Helpline Fax: 1-877-513-5334



Office Stamp

\*Information to be used for the delivery of Fax Referral Services  
Doctor  Nurse  Pharmacist  Chiropractor   
Optometrist  Dentist  Dental Hygienist   
Dental Surgeon

# Smokers' Helpline FAX REFERRAL FORM

Complete this form to have Smokers' Helpline contact you to discuss your questions and concerns about quitting tobacco products. PLEASE PRINT

I am willing to be contacted by Smokers' Helpline staff who will discuss my questions and concerns about quitting tobacco.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ HOME  WORK  CELL

I would like to communicate with Smokers' Helpline in: English  French  (please check one)

**This program will only work if we can contact you.** Please let us know the best available time period to reach you by checking the appropriate box.

Please Select One:  Morning  Afternoon  Evening

If you are not available when we call, can we leave a message for you? YES  NO

If yes, may we identify ourselves as Smokers' Helpline? YES  NO

Gender – Male  Female  Postal Code \_\_\_\_\_

I GIVE PERMISSION TO HAVE THIS FORM FAXED TO SMOKERS' HELPLINE AND TO BE CONTACTED BY SMOKERS' HELPLINE.

\_\_\_\_\_  
PATIENT/CLIENT SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

Your privacy is important to us. Some information you provide on this referral form may be considered personal information. This information will be collected, used and shared for the sole purposes of delivering Smokers' Helpline services to you and for the maintenance of statistical information. You may choose not to participate or not to answer any question with no effect on your future care.



This fax is private, confidential, and may be privileged and is intended for Smokers' Helpline only. If you have received this fax in error, please notify sender and destroy fax. Any unauthorized use or disclosure of this faxed information is strictly prohibited.

*Adapted from the Clinical Tobacco Intervention, Ontario Canada.  
We encourage you to print, make copies or download this form from [www.cancer.ca](http://www.cancer.ca) or [www.heartandstroke.sk.ca](http://www.heartandstroke.sk.ca).*