



SUPPORT is the key

Smoking Cessation Fax Referral Form **Fax to: 1-867-456-6502**

Section 1 - To be completed by Tobacco user (Please Print)

First Name: _____ Last Name: _____

Street address: _____ Date of Birth: _____

Town /City: _____ Postal Code: _____

Tel: (H) _____ (W) _____ (C) _____

Email _____

Language: English French

Gender Male Female

Females Only

Are you pregnant? Yes No

Have you given birth in the past 6 months? Yes No

Section 2 - Informed Consent *You will be contacted within 3 business days of SHL and or QuitPath receiving a referral*

Smokers' Helpline

I give permission for this form to be faxed to the Smokers' Helpline (SHL) so that SHL can contact me regarding my interest in quitting smoking, and communicate with my Health care provider if needed

Signature of tobacco user. Date (Month/Day/Year)

When should we call? Morning Afternoon Evening Anytime

QuitPath

I give permission for this form to be faxed to Health and Social Services, Health Promotion Unit (HPU), so that HPU can contact me regarding my interest in quitting smoking.

Signature of tobacco user. Date (Month/Day/Year)

When should we call? Morning Afternoon

This information will be collected, used and shared for the sole purpose of delivering services to you.

Section 3 - Referral Source

Physician Dentist Other: _____

Nurse Pharmacist Tel: _____

Last Name: _____



Canadian Cancer Society / Société canadienne du cancer

smokers'help!ne

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333

