



Smokers' Helpline Fax Referral Form

- ☐ **Ask** – Ask if the individual uses tobacco
☐ **Advise** – Advise that they should quit and receive support
☐ **Refer** – Refer them to the Newfoundland and Labrador Smokers' Helpline
☐ **Fax** – Fax Referral Form to **709-726-2550**

To be completed by Referral Source

Occupation (Please Select One)

- | | | | |
|-------------------------------------|--|------------------------------------|---|
| <input type="radio"/> Physician | <input type="radio"/> Dentist | <input type="radio"/> Nurse | <input type="radio"/> Teacher |
| <input type="radio"/> Social Worker | <input type="radio"/> Dental Hygienist | <input type="radio"/> Pharmacist | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Workplace | <input type="radio"/> Other: _____ | |

Name: _____ Tel: () Fax: ()

Region: ☐ Eastern ☐ Central ☐ Western ☐ Labrador-Grenfell ☐ Nunatsiavut

Workplace/Health Institution: _____

If referring from Hospital, specify unit/program: _____

To be completed by Tobacco User

Consent

- ☐ I want the Smokers' Helpline to call me and help me quit smoking.
Any information I provide is confidential.
- ☐ Yes, the Smokers' Helpline can leave me a telephone message.

Signature: _____

(A Guardian's signature is required if Patient / Client is under 19 yrs of age)

Contact Information

Name (Please Print) _____

Address _____

City / Town _____ Province _____ Postal Code _____

Tel: () Call During (Please Select One) ☐ Day ☐ Evening ☐ Anytime

Fax completed form to 709-726-2550

