

New Hampshire Division of Public Health Services  
 NH Tobacco Helpline

- If a tobacco user is ready to quit in 30 days, fill out this form with them.
- A Quit Coach from the NH Tobacco Helpline will contact the individual to offer free treatment services, nicotine replacement therapy if available, and send feedback reports to the provider listed below.
- This program is free for all New Hampshire residents regardless of insurance status.

**Community Action Program**

**Belknap and Merrimack Counties**

**QuitWorks-New Hampshire Enrollment Form**

**Health Care Providers: Complete this section**

<b>Referring Provider:</b>	Caitlin Dulac, APRN	<b>Phone Number</b>	(603) 524-5453
<b>Facility:</b>	Belknap-Merrimack CAP, Inc. Family Planning and Prenatal Program	<b>Fax Number</b>	(603) 528-2795
<b>Address:</b>	121 Belmont Rd., Laconia, NH 03246		
<b>Send feedback report to:</b>			
<input checked="" type="checkbox"/> Same as above	or	( )	( )
	<b>Name</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>PEDIATRICS ONLY:</b>			
<b>Tobacco User's relationship to child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____			
<b>Child/Children's name: (to help with your recordkeeping)</b> _____			

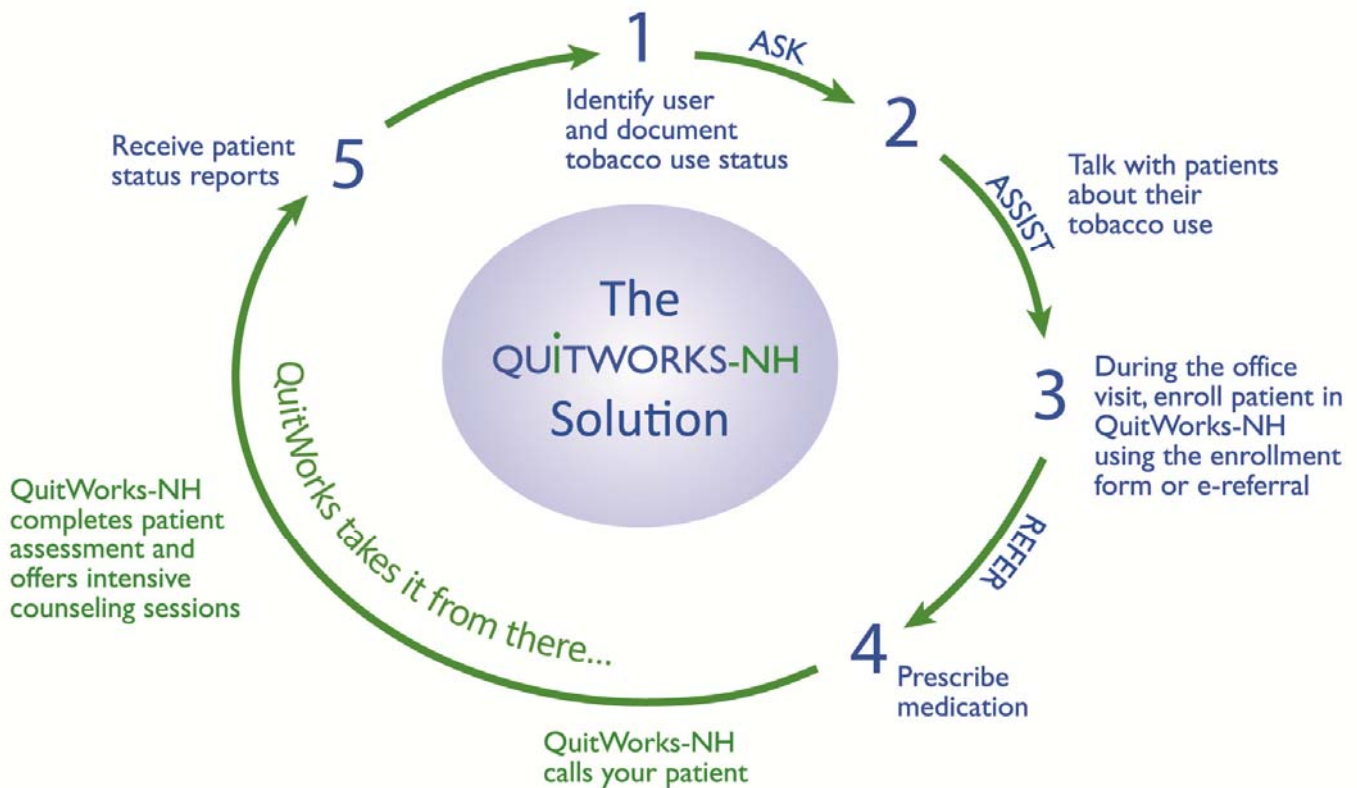
**Health Care Providers: Complete this section (only necessary if one of the below conditions exists)**

Does patient have any of the following conditions ?     Pregnant/Breastfeeding     Heart disease  
 Uncontrolled high blood pressure

I authorize NH Tobacco Helpline to send patient free nicotine patches if available: \_\_\_\_\_

**Patients: Complete this section**

<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( )			
<b>Phone Number</b>			
<b>When should we call? (check all that apply)</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference			
<b>Language Preference:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
<b>May we leave a message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
I authorize this provider to release the information on this enrollment form to QuitWorks-NH so that I may be contacted and participate in the QuitWorks-NH program. I also authorize QuitWorks-NH to disclose information about my progress in attempting to quit tobacco use to the health care provider listed on this form.			
<input type="checkbox"/> <b>By checking this box, this patient has consented to the above statement.</b>			



**To request a customized form, contact the New Hampshire Division of Public Health Services, Tobacco Prevention and Control Program at: 1-800-852-3345 ext. 8949  
Or email: [tmbrown@dhhs.state.nh.us](mailto:tmbrown@dhhs.state.nh.us)**