

New Hampshire Division of Public Health Services NH Tobacco Helpline



Dana-Farber/New Hampshire Oncology-Hematology

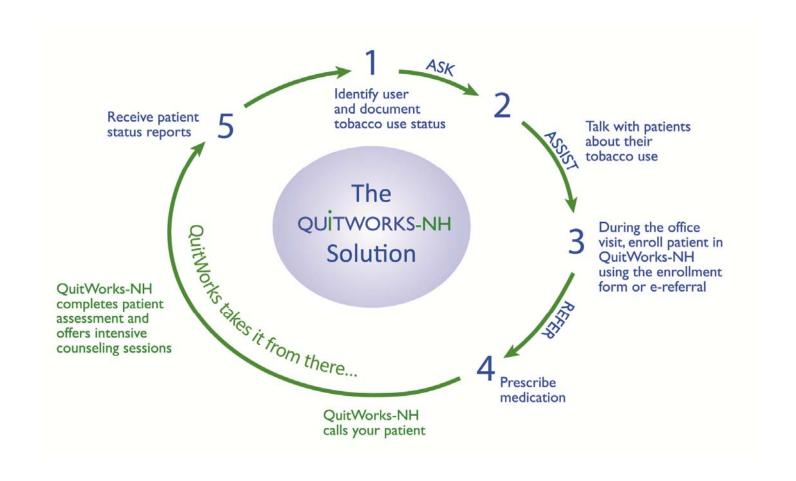
- If a tobacco user is ready to quit in 30 days, fill out this form with them.
- A Quit Coach from the NH Tobacco Helpline will contact the individual to offer free treatment services, nicotine replacement therapy if available, and send feedback reports to the provider listed below.
- This program is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

QuitWorks-New Hampshire Enrollment Form

Health Ca	are Providers: Cor	npiete this s	ECHOII				
Referring				Phone Num	ber		
Provider:	Dana-Farber/NHOH			(603) 552	-9100		
Facility:				Fax Number			
Address:	40 Buttrick Rd., Londonde	erry, NH 03053		(603) 552·	-9105		
Send feedback report to:							
⊠ Same	e as or		()	()		
abov	Name		Phone Number	Fax N	Number		
PEDIATRICS ONLY:							
Tobacco User's relationship to child: ☐ Mother ☐ Father ☐ Other (specify)							
Child/Children's name: (to help with your recordkeeping)							
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							
Does patien	it ilave ally of the followin	☐ Uncontrolled high blood pressure					
Does patien	it have any of the followin	_	•	•			
•	NH Tobacco Helpline to se		Uncontrolled high t	olood pressure			
I authorize N	NH Tobacco Helpline to se	end patient free ni	Uncontrolled high t	olood pressure			
I authorize N	•	end patient free ni	Uncontrolled high t	olood pressure			
l authorize N	NH Tobacco Helpline to se	end patient free ni	Uncontrolled high t	olood pressure vailable:			
I authorize N	NH Tobacco Helpline to se	end patient free ni	Uncontrolled high b	olood pressure	Date of Birth		
l authorize N	NH Tobacco Helpline to se	end patient free ni	Uncontrolled high b	olood pressure vailable:			
Patients: First Name Mailing Add	NH Tobacco Helpline to see	end patient free ni	Uncontrolled high because the	olood pressure vailable: Gender	Date of Birth		
Patients: First Name Mailing Add () Phone Num	NH Tobacco Helpline to se Complete this see dress	end patient free ni	Uncontrolled high become patches if and	Gender State	Date of Birth Zip		
Patients: First Name Mailing Add () Phone Num When shou	Complete this sec	end patient free ni ction Last Name t apply) Mornin	Uncontrolled high become patches if and City Geographic Afternoon	olood pressure vailable: Gender	Date of Birth		
Patients: First Name Mailing Add () Phone Num When shou Language F	Complete this sections of the complete this section of the complete this sections of the complete this section of the complete this se	end patient free ni ction Last Name t apply) Spanish	Uncontrolled high become patches if and	Gender State	Date of Birth Zip		
Patients: First Name Mailing Add () Phone Num When shou Language F May we leave	Complete this seed the seed th	ction Last Name t apply) Mornin Spanish No	Uncontrolled high to cotine patches if and cotine patches is an additional cotine patches in a cotine patche	Gender State	Date of Birth Zip □ No preference		
First Name Mailing Add () Phone Num When shou Language F May we leav	Complete this sections of the complete this section of the complete this sections of the complete this section of the complete this se	end patient free ni ction Last Name t apply) Mornin Spanish No nation on this enrollmen	Uncontrolled high to cotine patches if and cotine patches is an action of cotine patches in a cotine patches	Gender State Description:	Date of Birth Zip □ No preference cted and participate in the		
First Name Mailing Add () Phone Num When shou Language F May we leav	Complete this seed the complete this seed the complete the	t apply) Mornin Spanish No nation on this enrollmen	Uncontrolled high to cotine patches if and cotine patches if and cotine patches if and cotine patches if and cotine patches information about my product listed on this form.	Gender State Department of that I may be contact or gress in attempting to	Date of Birth Zip □ No preference cted and participate in the o quit tobacco use to the		

Copies of this form can be downloaded from www.QuitWorksNH.org





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

Copies of this form can be downloaded from www.QuitWorksNH.org

Fax this form toll-free to 1-866-560-9113