

New Hampshire Division of Public Health Services
 NH Tobacco Helpline



Manchester Health Department

- 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 Care Providers: Complete this section

Referring Provider: _____	Phone Number (603) 624-6466
Facility: Manchester Health Department	Fax Number (603) 665-6894
Address: 1528 Elm Street; Manchester, NH 03101	
Send feedback report to:	
<input checked="" type="checkbox"/> Same as above or _____	() ()
Name	Phone Number Fax Number
PEDIATRICS ONLY:	
Tobacco User's relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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
 Uncontrolled high blood pressure

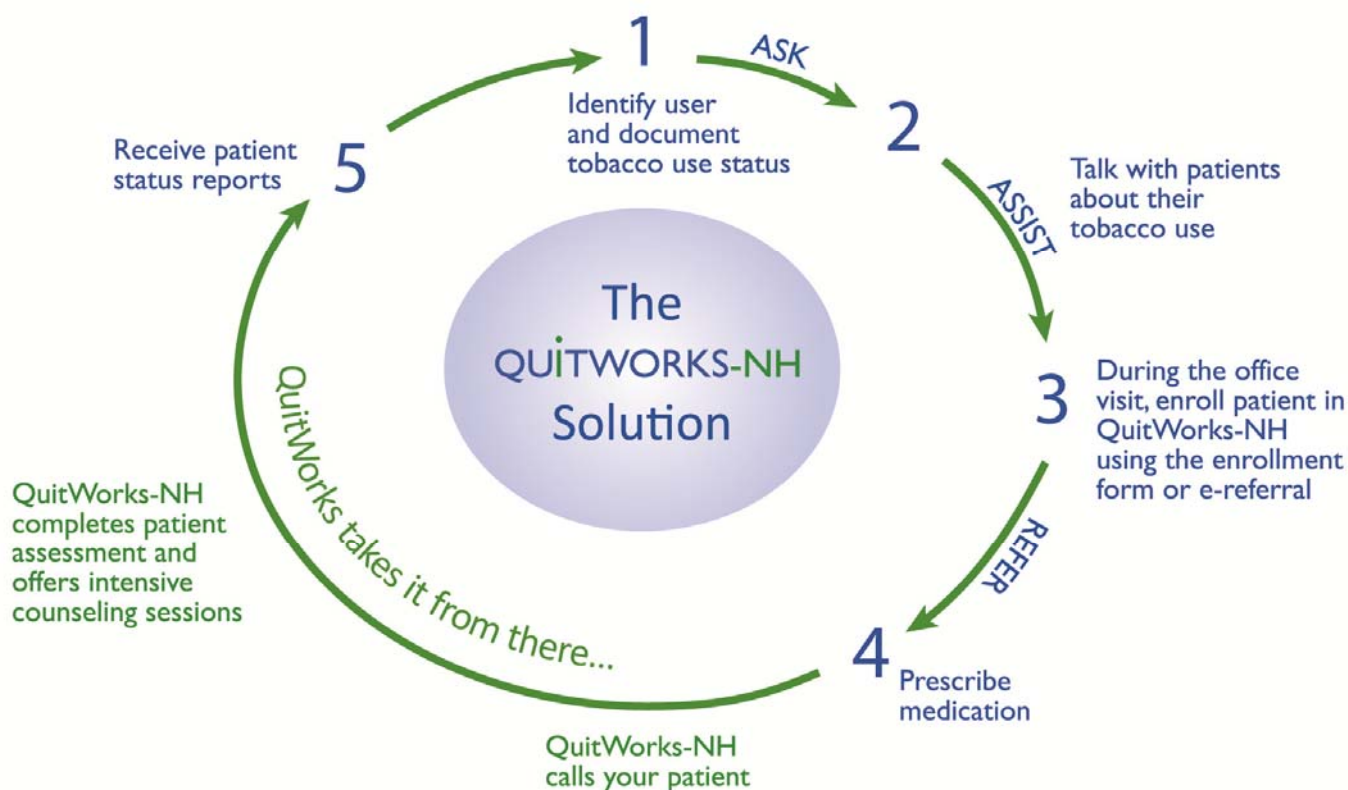
I authorize NH Tobacco Helpline to send patient free nicotine patches if available: _____

Patients: Complete this section

First Name _____	Last Name _____	Gender _____	Date of Birth _____
Mailing Address () _____	City _____	State _____	Zip _____
Phone Number _____			
When should we call? (check all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
May we leave a message? <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"/> By checking this box, this patient has consented to the above statement.			

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

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



**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**