



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.

QuitWorks-New Hampshire Enrollment Form

Health Care Providers: Complete this section

Referring Provider: Lata Thatai, MD, Karl D'Silva, MD, Cocav Rauwerdink, MD, Gabriele Southgate, MD **Phone Number** (603) 890-2760

Facility: Lahey Center for Oncology & Hematology at Parkland Medical Center **Fax Number** (603) 890-2752

Address: 31 Stiles Rd, Suite 2400, Salem, NH 03079

Send feedback report to:

Same as above or _____ () _____ () _____
Name Phone Number Fax 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
 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) Morning Afternoon Evening No preference

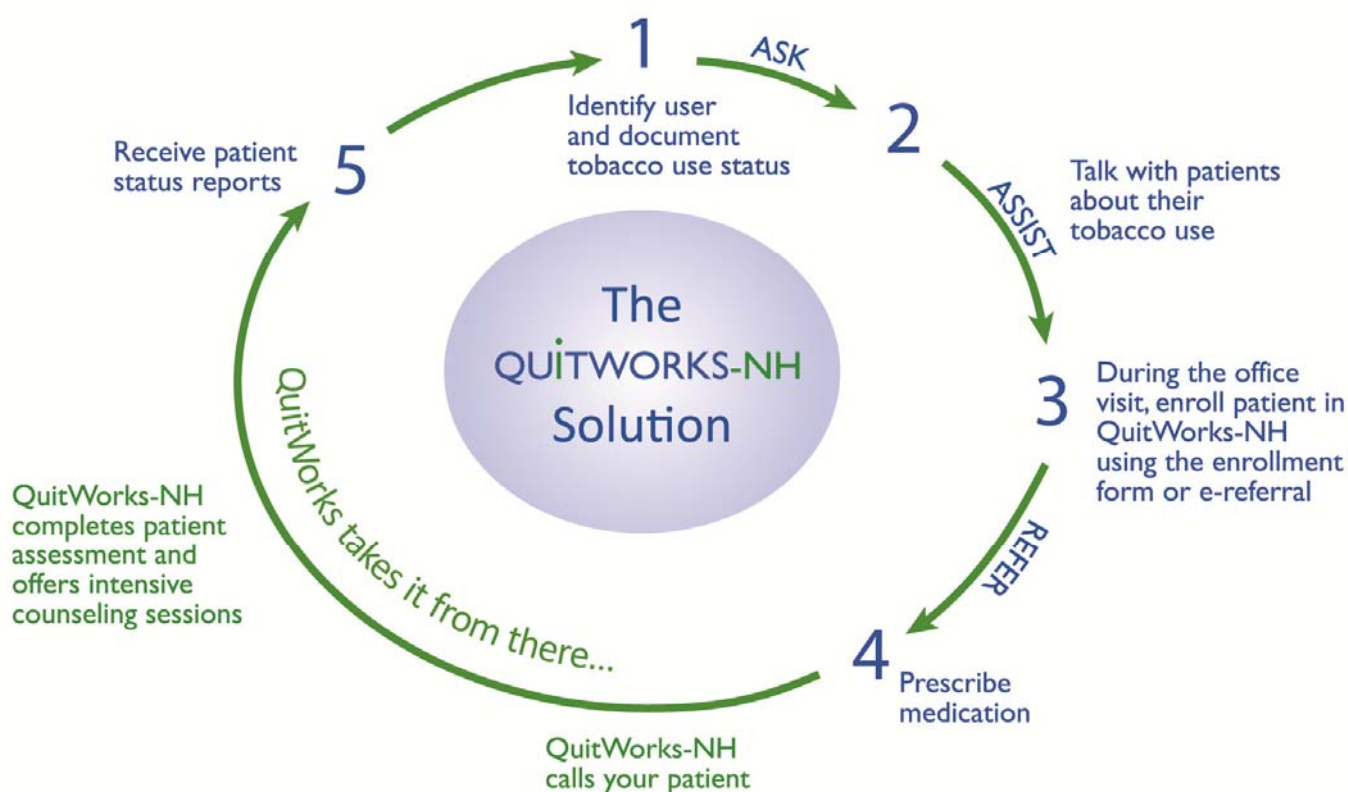
Language Preference: English Spanish Other (specify) _____

May we leave a message? Yes 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.

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**