

New Hampshire Division of Public Health Services  
NH Tobacco Helpline



**WIC Program**  
Southern New Hampshire Services, Inc./  
Rockingham Community Action

- 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

<b>Referring Provider:</b> _____	<b>Phone Number</b> (603) 668-8010 ext. 6020
<b>Facility:</b> WIC Program, SNHS / RCA	<b>Fax Number</b> (603) 624-8046
<b>Address:</b> PO Box 5040, Manchester, NH 03108-5040	
<b>Send feedback report to:</b>	
<input checked="" type="checkbox"/> Same as above or _____	( ) ( )
<b>Name</b>	<b>Phone Number 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

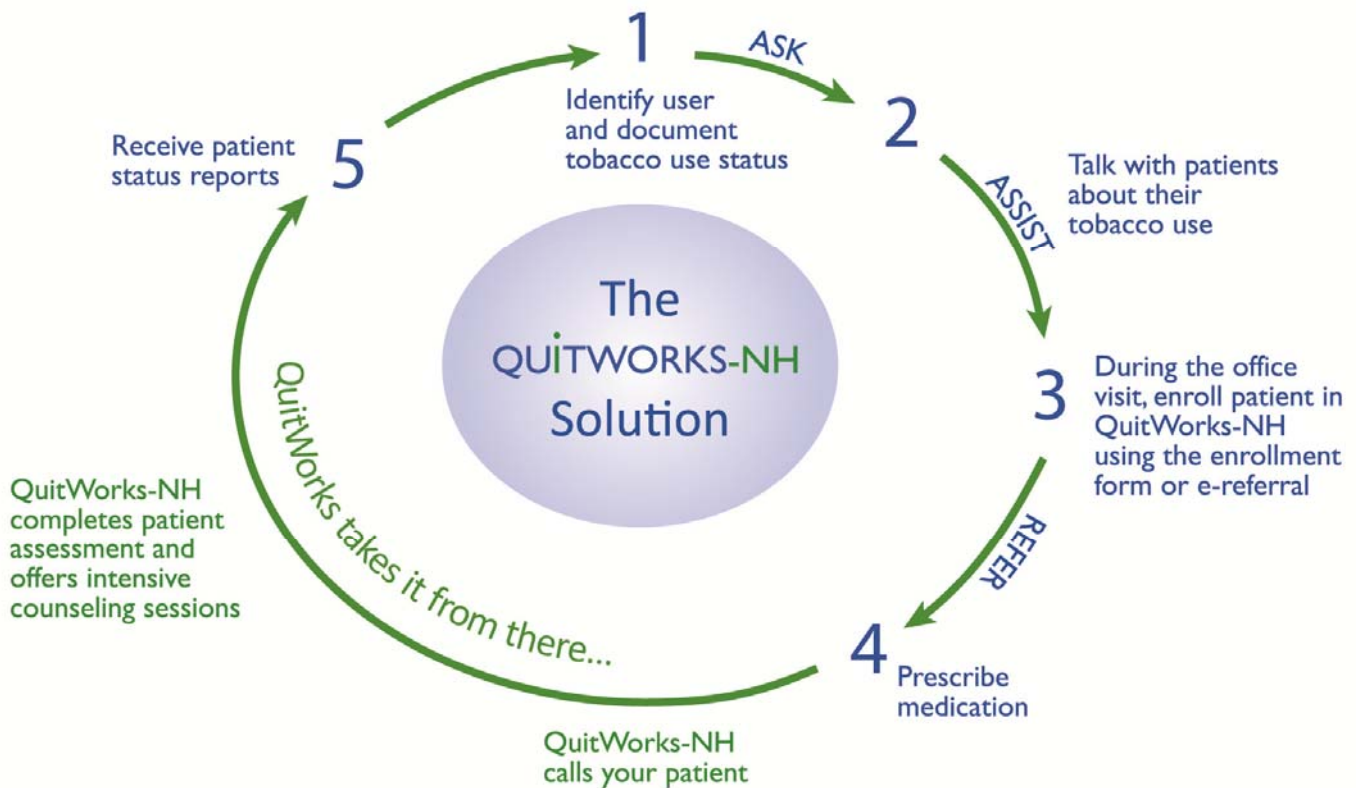
I authorize NH Tobacco Helpline to send patient free nicotine patches if available: \_\_\_\_\_

### 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>			

Copies of this form can be downloaded from [www.QuitWorksNH.org](http://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](mailto:tmbrown@dhhs.state.nh.us)**