

New Hampshire Division of Public Health Services
NH Tobacco Helpline



WIC Program Community Action Program
Belknap-Merrimack Counties, Inc.

- 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:	Kristina Thompson - Program Manager / Nutritionist	Phone Number	(603) 225-2050 ext. 1152
Facility:	WIC Program Community Action Program Belknap-Merrimack Counties, Inc.	Fax Number	(603) 228-1898
Address:	P.O. Box 1016 Concord, NH 03302-1016		
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) _____			

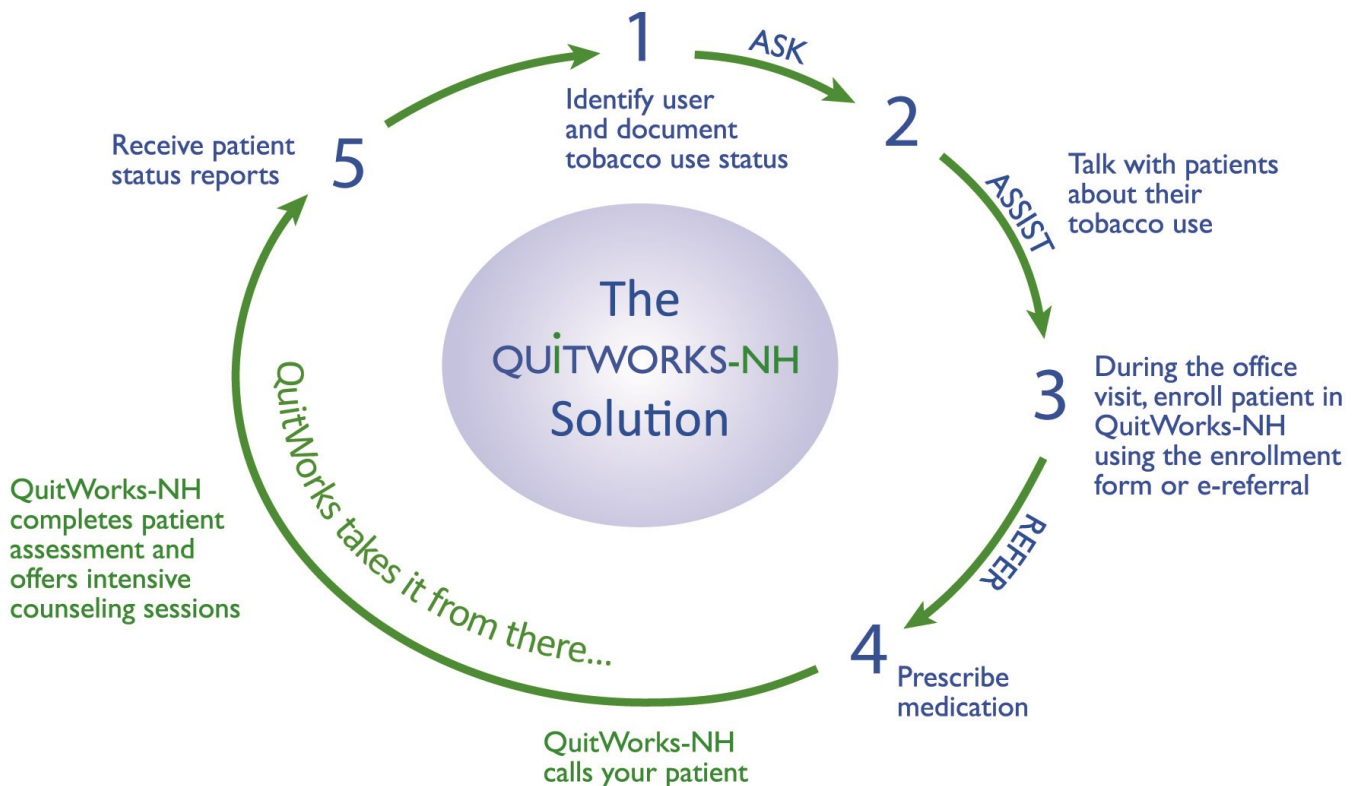
Health Care Providers: Complete this section (only necessary if one of the below conditions exists)

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.			



**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**