



PLEASE TELL YOUR PATIENT:

*A Quit Coach will call your patient within 2 days.

*The number may be a 1-800 number or "unavailable."

* Quit Coaches will leave a message if the patient does not answer.

QuitWorks-New Hampshire Enrollment Form

Health Care Providers: Complete this section

Referring Provider: _____

Facility: _____ Fax Number: _____

Address: _____ Phone Number: _____

Send feedback report to:

Provider Name	Phone	Fax Number
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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
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Mailing Address () _____	City	State	Zip
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Phone Number _____

When should we call? (check all that apply) Morning Afternoon Evening No preference

Language Preference: English Spanish Other (specify) _____

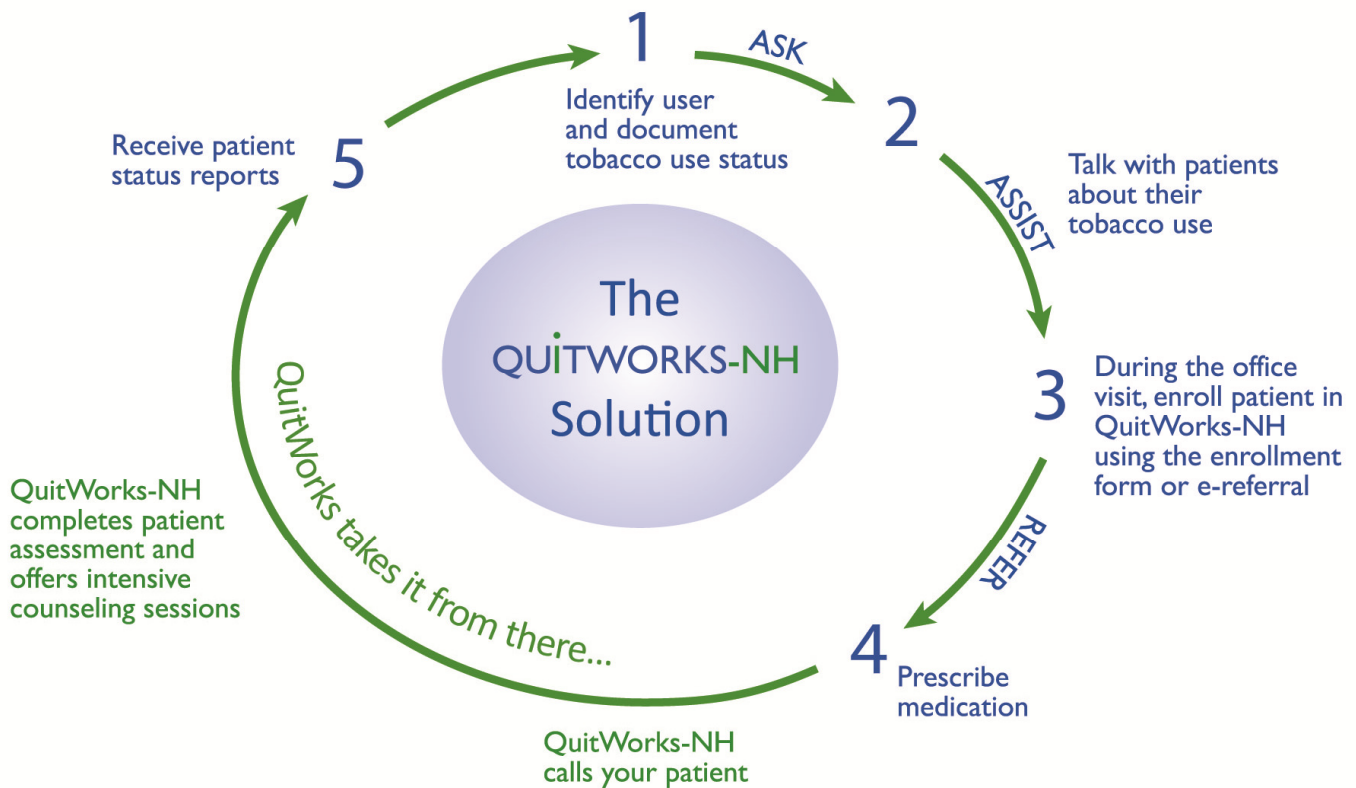
May we leave a message? Yes No

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 Cessation Program at: 603-271-8949
 Or email: Teresa.Brown@dhhs.nh.gov**