CARE
COMMUNITY ACTION AND REFERRAL EFFORT

Smokers' Helpline Fax Referral Form

- ◯ **Ask** – Ask if your client / patient smokes
- ◯ **Advise** – Advise that they should quit and receive support
- ◯ **Refer** – Refer them to the Newfoundland and Labrador Smokers' Helpline
- ◯ **Fax** – Fax Referral Form to **709-726-2550**

Section I – Health Professional

Health Professional Category (Please Select One)

◯ Physician ◯ Dentist ◯ Nurse ◯ Teacher
◯ Social Worker ◯ Psychologist ◯ Pharmacist ◯ Respiratory Therapist
◯ Dietician ◯ Other: _____

Name: _____ Tel: ( ) Fax: ( )

Health Board: ◯ Eastern ◯ Central ◯ Western ◯ Labrador-Grenfell

Section II – Patient / Client

Patient / Client Consent

◯ I want the Smokers' Helpline to call me and help me quit smoking.
Any information I provide is confidential.

◯ Yes, the Smokers' Helpline can leave me a telephone message.

Patient / Client Signature: _____
(A Guardian's signature is required if Patient / Client is under 18 yrs of age)

Patient / Client Information

Name (Please Print) _____

Address _____

City / Town _____ Province _____ Postal Code _____

Tel: ( ) Call During (Please Select One) ◯ Day ◯ Evening ◯ Anytime

Fax completed form to 709-726-2550

THE LUNG ASSOCIATION™ Newfoundland & Labrador

NEWFOUNDLAND AND LABRADOR SHL SMOKERS' HELPLINE 1-800-363-5864

Health Canada Santé Canada