



Available 24/7 with translation services in 130 languages

a confidential, free-of-charge helpline

Office Stamp

Doctor Nurse Pharmacist Dentist
 Other _____

Fax Referral Form

fax to 1.888.857.6555

Complete this form to have QuitNow contact you to discuss your questions and concerns about quitting tobacco.

Patient / Client Information

First name _____
please print

Last name _____
please print

Telephone () _____
home

Alternative () _____
work or cell

Postal code _____
(optional) first three digits

Gender Male Female

Please let us know your preferred time period by checking the appropriate box (please select one or more of the following):

Weekdays morning
 afternoon
 evening

Weekends morning
 afternoon
 evening

If you are not available when we call, may we leave a message for you?
 If yes, may we identify ourselves as the QuitNow program?

yes no
 yes no

Which language should we use when speaking with you by phone?
(We offer translation in 130 languages)

English
 French
 Other _____
please specify

Your privacy is important to us. Some information you provide on this referral form may be considered personal information. This information will be collected and used for the sole purpose of delivering QuitNow services to you.

I give permission to have this form faxed to and be contacted by QuitNow.

Patient / Client Signature _____ Date _____
 (YYYY / MM / DD)

This fax is private, confidential, and may be privileged. It is intended for QuitNow program purposes only. If you have received this fax in error, please notify sender and destroy fax. Any unauthorized use or disclosure of this faxed information is strictly prohibited.



ActNowBC





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QuitNow is a smoking cessation program funded by the BC Ministry of Health and operated by the BC Lung Association.

- FREE for all British Columbians
- Evidence-based
- Trained quit specialists
- User friendly
- Confidential

Refer your patients to QuitNow. Helping them quit smoking for good.

- Step 1** Have your patients fill in the Fax Referral Form on the reverse.
- Step 2** Ensure the patient signs the bottom of the form.
- Step 3** Fax the form toll free to 1.888.857.6555 (QuitNow By Phone fax number). A Registered Nurse Counselor will contact your patient at the time he or she specified.

The QuitNow Fax Referral Program is supported by



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