

"Quitting smoking is the best thing you can do for your health and will make your cancer treatment more effective. Your oncologist is recommending that you quit smoking. We are referring you to QuitNow. This service is free of charge and can help you quit smoking."

**PATIENT INFORMATION** (use BC ID stamp or fill in this section)

BCCA ID Number: \_\_\_\_\_  
Patient First Name: \_\_\_\_\_  
Patient Last Name: \_\_\_\_\_  
Male  Female  Another  Prefer not to answer   
Year of Birth (yyyy): \_\_\_\_\_

**REFERRAL SOURCE INFORMATION**

BC Cancer Abbotsford  BC Cancer Kelowna  
 BC Cancer Prince George  BC Cancer Surrey  
 BC Cancer Vancouver  BC Cancer Victoria

"You will be getting a call from a Quit Coach. You can choose phone coaching, along with text or web based support."

**REQUIRED INFORMATION FOR PHONE SUPPORT**

Phone Number: \_\_\_\_\_  
What is the best time to contact you?  
NOTE: QuitNow will make three attempts to contact you. Check all that apply.  
Weekday →  Morning  Afternoon  Evening  
Weekend →  Morning  Afternoon  
Patient would like phone coaching to be translated into:  
\_\_\_\_\_  
(Translation service is available in more than 300 languages and is fast and simple to set up.)

**OPTIONAL INFORMATION FOR ADDITIONAL SUPPORT**

Web Support  
Email Address: \_\_\_\_\_  
 Text Support  
Cell Number: \_\_\_\_\_  
Patient can self register for web and text services online at [www.quitnow.ca](http://www.quitnow.ca)

"Before I refer you to QuitNow, please let me know if you consent to the following:"

**NOTE: please read the five statements below to the patient and ensure the box is checked.**

**PATIENT CONSENT**

- By checking this box, I consent to:
- Allow BC Cancer to refer me to QuitNow by fax or electronic means.
  - Allow the Quit Coach to leave a scheduling message on my phone.
  - Allow QuitNow to inform BC Cancer about my enrolment with QuitNow, services accessed and outcome.
  - Allow QuitNow to contact me for research/evaluation purposes to improve service.
  - Receive the free text service, if requested, even though standard message and data rates may apply.

Patient Signature

Date (yyyy/mm/dd)

The information on this form is being collected under the Freedom of Information and Protection of Privacy Act 26 (c)&(e) and will be used to provide smoking cessation services to you and for ongoing research and program evaluation of our services. For more information regarding the collection, use and disclosure of your personal information, please contact the Privacy Officer, British Columbia Lung Association, PO Box 34009 Station D, Vancouver, British Columbia, V6J 4M2, [privacy.officer@bc.lung.ca](mailto:privacy.officer@bc.lung.ca), 1-800-665-5864