



Fax Referral Form
I QUIT NOW helpline
Fax : 514-255-9856 or 1-866-255-9856

HEALTH CARE PROVIDER REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Health Care Provider

Nurse

Contact Information of Referring Health Care Provider
(or include fax transmissible stamp with equivalent information)

First name Last Name
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Telephone Fax

Office stamp

PATIENT – CONTACT INFORMATION – REQUIRED – PLEASE PRINT

FIRST NAME LAST NAME

STREET ADDRESS CITY/TOWN
Quebec
PROVINCE POSTAL CODE BIRTHDATE (mm/yyyy)

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TELEPHONE
 Home Cell Work

Language preference of service
 English French

EMAIL address (optional)

Gender
 Male Female

The I QUIT NOW helpline usually calls the client within 3 business days of receiving a referral.

When should we call?

Please call me in the Morning Afternoon Evening Anytime

May we leave a message identifying ourselves as the I QUIT NOW helpline? Yes No

PATIENT – INFORMED CONSENT

I give permission for this form to be faxed to the I QUIT NOW helpline, so that I QUIT NOW helpline can contact me regarding my attempt to quit smoking. I understand that the I QUIT NOW helpline will keep my information confidential and will only use it for the purpose of administering the fax referral program.

SIGNATURE OF CLIENT

DATE (mm/dd/yyyy)