



Office Stamp

Doctor Nurse Pharmacist Dentist
Other

A confidential, toll-free helpline

Fax Referral Form

fax to 1-506-867-3259

Complete this form to have The NWT Quitline contact you to discuss your questions and concerns about quitting tobacco

Patient/Client Information

First name _____ Last name _____
Please Print

Telephone (_____) _____ Alternative _____
Please Print

Postal Code _____ Gender Male Female
Optional

Please let us know when you would like to be contacted (You can select more than one)

Weekdays morning afternoon evening
Weekends morning afternoon evening

If you are not available when we call, may we leave a message for you? Yes No
If yes, may we identify ourselves as the NWT Quitline? Yes No

Which language should we use when speaking with you on the phone?
 English French Other _____

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 NWT Quitline services to you.

I give permission to have this form faxed to and be contacted by the NWT Quitline

Patient/Client Signature _____ Date _____

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



Refer your patients/clients to the NWT Quitline and help them quit smoking for good.

- Step 1** Have your patient/client fill in the Fax Referral Form on the reverse
- Step 2** Ensure the patient/client signs the bottom of the form
- Step 3** Fax the form toll free to 1-506-867-3259. A Counsellor will contact your patient/client at the time he or she specified.