quitnow.ca
1-877-455-2233

Quit Smoking
Support from quitnow

FAX REFERRAL
Fax To: 1-888-857-6555

"Quitting smoking is the best thing you can do for your health. We know that many people want to quit smoking. QuitNow is free in BC and they will help you quit smoking."

PATIENT INFORMATION (patient sticker can be placed here)

Patient First Name: _____

Patient Last Name: _____

Male ☐ Female ☐

Date of Birth (yyyy/mm/dd): _____

REFERRAL SOURCE INFORMATION (sticker can be placed here)

☐ Yes, as a referral agent this is my first referral to QuitNow

Referral Agent Name: _____

Referral Agent Organization: _____

Referral Agent Type: ☐ Doctor ☐ Hospital ☐ Pharmacist ☐ Other

Phone: _____ Fax: _____

"How would you like QuitNow to contact you? They can contact you by email, text message or phone."

TYPE OF SERVICE REQUESTED

☐ Online	Email Address	
☐ Text	Cell Number	
☐ Phone	Phone Number	Is it OK to leave a message? ☐ Yes ☐ No

Can QuitNow contact you for research/evaluation purposes (to improve service)? ☐ Yes ☐ No

If contact method is by phone, 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

Language Preference for Phone Service (available in 130 languages): _____

"Would you please sign this form to indicate you agree with my referral?"

NOTE: please read the two statements below to the patient and ensure the boxes are checked.

PATIENT AGREEMENT TO REFERRAL

☐ By checking this box, I give permission to my referral agent to fax or send electronically to QuitNow. I may receive services within the next week in the way that I have requested. This is a free service. If I have requested Text Services, standard message and data rates apply.

☐ By checking this box, I agree to let QuitNow send information about my enrolment in this service to my referral agent listed above.

Patient Signature	Date Signed (yyyy/mm/dd)

The collection, use and disclosure of your personal information is being made in accordance with the provisions of the Personal Information Protection Act (SBC 2003, C.63). Your personal information will only be stored and shared with our service providers 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.

BRITISH COLUMBIA | Ministry of Health

THE LUNG ASSOCIATION™ British Columbia