

# Maine Tobacco Helpline Referral Form

Fax this form to 662-5102 or email:  
[helpline@tobaccofreemaine.org](mailto:helpline@tobaccofreemaine.org)

Date sent: \_\_\_/\_\_\_/\_\_\_

## Information About Clinician Making Referral

Practice/Hospital: \_\_\_\_\_

Clinician Making Referral: \_\_\_\_\_ Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Information About Patient/Client Being Referred

Patient/Client: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If inpatient, estimated date of discharge: \_\_\_/\_\_\_/\_\_\_

## To be Completed by Patient/Client

Phone where you can be reached: \_\_\_\_\_ Will you need translation services?  Yes  No

Deaf/TTY  Language (specify): \_\_\_\_\_

**Please check the BEST time frame for the Helpline to reach you, Monday-Friday.**

8am-12pm  12pm-3pm  3pm-6pm  6pm-8pm

**If we don't reach you, we will leave a message k ]h UW` VUW`bi a VYf"**

**Check this box if you do not want a message left**

**I authorize the Maine Tobacco Helpline to contact me. (sign below)**

**Patient/Client Signature:** \_\_\_\_\_

(If patient/client unable to sign, person making referral may sign off to indicate verbal consent.)

**Questions?** Call the Maine Tobacco Helpline at 1-800-207-1230



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

**1-800-207-1230**

THE MAINE TOBACCO HELPLINE