



Maine QuitLink Referral Form – please fax to (207) 662-5102

*** Faxing this form to the Maine QuitLink is confirmation that the referred person has given consent to be contacted. ***

Date sent:

Information about Clinician Making Referral

Practice/Hospital:

Clinician Making Referral:

Street Address:

City: State: Zipcode:

Phone: Fax:

**Information about Person Being Referred
(Maine residency required)**

Referred Person’s Name: Date of Birth:

Street Address:

City: State: Zip:

Will you need translation services? **Yes** **No** If yes, Language (*specify*):

Phone # where you can be reached:

If we don’t reach you, we will leave a message. Check this box if you do **NOT** want a message left.

The Maine QuitLink may reach out by text message. Check this box if you do **NOT** want to be contacted via text message.

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

8am-11am **11am-2pm** **2pm-5pm**

Questions? Call the Maine QuitLink at 1-800-QUIT-NOW

