

1-800-207-1230

Referral Form

Fax: 207-662-5102

Email: helpline@tobaccofreemaine.org

Date sent:

____/____/____

THE MAINE TOBACCO HELPLINE

Provider Information

Practice/Hospital: _____

Provider: _____

Department: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Patient Information

Patient Name: _____

Date of Birth: _____

/ /

Street Address: _____

City: _____

State: _____

Zip: _____

Phone where you can be reached: _____

May we leave a message? Yes No

If inpatient, estimated date of discharge: _____

/ /

Will participant need translation services? Deaf/TTY Language (specify) _____

Please check the BEST time frame for the HelpLine to reach you.

8am–12pm 12pm–3pm 3pm–6pm

I authorize the Maine Tobacco HelpLine to contact me.

Patient Signature _____

(If patient not present, health care provider signs indicating verbal consent was obtained.)

Questions? Call the Maine Tobacco HelpLine at 1-800-207-1230.