

Maine Tobacco HelpLine Referral

Date sent:

____/____/____

Fax this form to 662-5102 or email:
helpline@tobaccofreemaine.org

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.

1-800-207-1230

THE MAINE TOBACCO HELPLINE



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner