



# Commercial Tobacco Referral Form

Send this form to:

**Talktobacco@cancer.ca** or **Fax: 1-877-513-5334**

Office stamp (optional)

## PATIENT/CLIENT INFORMATION – REQUIRED – PLEASE PRINT CLEARLY

FIRST NAME

LAST NAME

PROVINCE

POSTAL CODE

BIRTHDATE (mm/yyyy)

( ) TELEPHONE

### LANGUAGE PREFERENCE:

English  French  Interpreter (specify language): \_\_\_\_\_

### WHEN SHOULD A QUIT COACH CALL?

Morning  Afternoon  Evening  Anytime

### GENDER:

Male  Female  Identify as: \_\_\_\_\_

## REFERRAL SOURCE – REQUIRED – PLEASE PRINT CLEARLY

Nurse  Nurse Practitioner  Physician  Community Health Educator  Community Health Representative  Social Worker

Elder  Other \_\_\_\_\_

FIRST NAME

LAST NAME

NAME OF COMMUNITY/ORGANIZATION

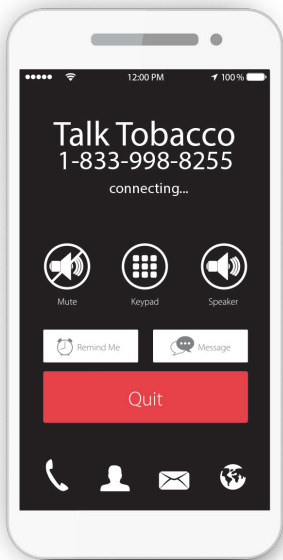
EMAIL

( ) TELEPHONE

( ) FAX

This fax contains private and confidential information. It is intended for Talk Tobacco only. If you have received this fax in error please notify the sender and destroy this faxed message immediately. Any unauthorized use or disclosure of this faxed information is strictly prohibited.

----- **TEAR OFF AND GIVE TO PATIENT/CLIENT** -----



## Congratulations on taking this step toward being smoke-free!

This form will be faxed to the Canadian Cancer Society's Talk Tobacco so that a non-judgemental Quit Coach can call you about your attempt to quit using tobacco and give you free, personalized support. Quitlines like Talk Tobacco can more than double your chance of quitting successfully!



### Why pick up the phone?



**Learn to cope**  
with cravings and withdrawal symptoms



**Culturally inclusive and aware**  
Serving First Nation, Inuit, Metis and Urban Indigenous populations



**Available in 16 Indigenous languages**



**Speak with a Quit Coach**  
at a time of day that works for you



**Get support**  
to develop a personalized quit plan



**Get practical tips**  
for dealing with slips and relapses



**Learn about resources**  
in your community



**Free and confidential service**



Please know that Talk Tobacco will keep your information confidential and secure and will only use it for this program. If you have questions about the use of your personal information, please contact the referring organization or individual helping to complete this form.