

Nunavut QuitLine Fax Referral



HEALTH CARE PROVIDER

<i>Name</i>	<i>Title</i>
<i>Community</i>	<i>Phone Number</i>
<i>Fax</i>	<i>Email</i>

PATIENT INFORMATION

<i>Name</i>	
<i>Date of Birth – year/month/day</i>	<i>Language Preference</i> <input type="checkbox"/> Inuktitut <input type="checkbox"/> English <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> French
<i>Preferred Phone Number</i>	
<i>Address</i>	<i>Postal code</i>
<i>Email (optional)</i>	
<i>Pregnant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Breastfeeding?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>We will make every effort to contact you at a convenient time. Please let us know when you would like to be contacted. (You can select more than one):</i>	
<u>Weekdays</u> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
<u>Weekends</u> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
<i>If you are not available when we call, may we leave a message for you?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, may we identify ourselves as the Nunavut QuitLine?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your privacy is important to us. Some information you provide on this referral form may be considered personal information. This information will be collected and used for the sole purpose of delivering Nunavut QuitLine services to you.

I give permission for this information to be disclosed to Nunavut QuitLine via fax and for Nunavut QuitLine to contact me as indicated above.

Patient/Client Signature: _____ Date: _____

FAX TO NUNAVUT QUIT-LINE AT 1-877-636-8560

This fax is private, confidential, and may be privileged. It is intended solely for the purposes of Nunavut QuitLine. If you have received this fax in error, please notify the sender and destroy the fax. Any unauthorized disclosure of this faxed information is strictly prohibited.