



333 Borthwick Avenue  
 Portsmouth, NH 03801

- If a tobacco user is ready to quit in 30 days, fill out this form with them.
- A Quit Coach from the NH Tobacco Helpline will contact the individual to offer free treatment services, nicotine replacement therapy if available, and send feedback reports to the provider listed below.
- This program is free for all New Hampshire residents regardless of insurance status.

E-mail:  
[Michelle.Paradise@hcahealthcare.com](mailto:Michelle.Paradise@hcahealthcare.com)

## QuitWorks-New Hampshire Enrollment Form

### Health Care Providers: Complete this section

<b>Referring Provider:</b>	Michelle S. Paradise, Chief Clinical Social Worker	<b>Phone Number</b>	603-334-2045
<b>Facility:</b>	Behavioral Health Services, Portsmouth Regional	<b>Fax Number</b>	603-433-5250
<b>Address:</b>	333 Borthwick Ave., Portsmouth, NH 03801		
<b>Send feedback report to:</b>			
<input checked="" type="checkbox"/> Same as above	or	( )	( )
	<b>Name</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>PEDIATRICS ONLY:</b>			
<b>Tobacco User's relationship to child:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____			
<b>Child/Children's name: (to help with your recordkeeping)</b> _____			

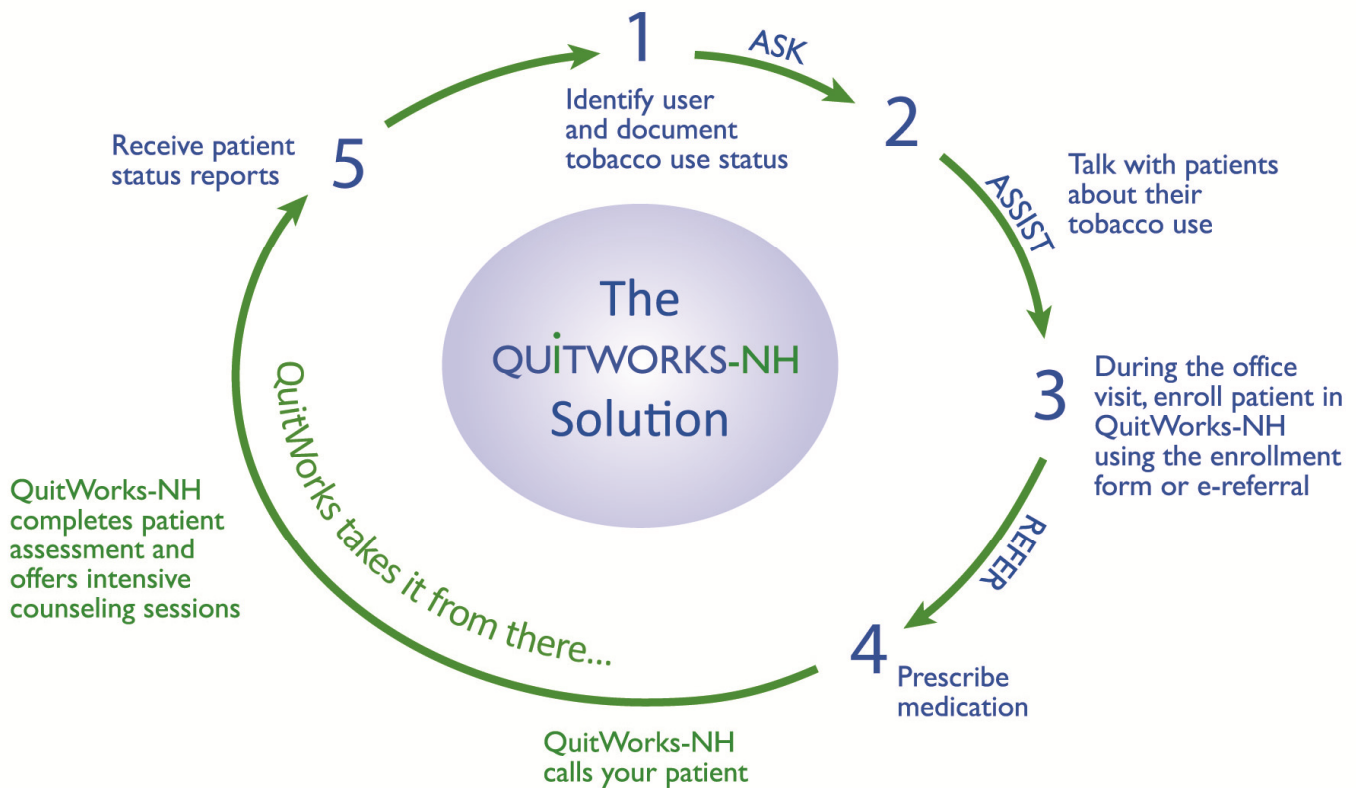
### Health Care Providers: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions?     Pregnant/Breastfeeding     Heart disease  
 Uncontrolled high blood pressure

I authorize NH Tobacco Helpline to send patient free nicotine patches if available: \_\_\_\_\_

### Patients: Complete this section

<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Mailing Address</b> ( )	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>			
<b>When should we call? (check all that apply)</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference			
<b>Language Preference:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
<b>May we leave a message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
I authorize this provider to release the information on this enrollment form to QuitWorks-NH so that I may be contacted and participate in the QuitWorks-NH program. I also authorize QuitWorks-NH to disclose information about my progress in attempting to quit tobacco use to the health care provider listed on this form.			
<input type="checkbox"/> <b>By checking this box, this patient has consented to the above statement.</b>			
<input type="checkbox"/> <b>By checking this box, this patient has refused a referral to QuitWorks-NH</b>			



**To request a customized form, contact the New Hampshire Division of Public Health Services, Tobacco Prevention and Control Program at: 1-800-852-3345 ext. 8949  
Or email: [tmbrown@dhhs.state.nh.us](mailto:tmbrown@dhhs.state.nh.us)**

Copies of this form can be downloaded from [www.QuitWorksNH.org](http://www.QuitWorksNH.org)

**Fax this form toll-free to 1-866-560-9113**