

Quit Smoking Information Form

Congratulations, you are breaking free today!

Date _____ Referred by _____

Name _____

Address _____

Home Phone _____ Work _____

Reasons for wanting to take this program: _____

Questions or comments: _____

How long have you used tobacco: _____ What brand do you use? _____

How much do you spend on tobacco per month? _____ Have you quit before? _____

If so, for how long? _____

Doctor/Health Care Provider _____

Address _____

Phone _____ Cell Phone _____

Email _____

Friends or relatives interested in Quitting Smoking?

Name/Phone _____

Name/Phone _____

Name/Phone _____