Alberta Health Services

AlbertaQuits Helpline Referral

Affix patient label within this box

Please complete all sections and fax to the AlbertaQuits Helpline at **1.866.979.3553**

Client Demographics

Last Name	First Name	
Gender ☐ Male ☐ Female	PHN	Date of Birth *(yyyy-Mon-dd)*
Street Address		Home Phone
City	Postal Code	Alternate Phone

Contact Information

When and where would the client like to be contacted?

☐ AM ☐ PM

☐ Weekday ☐ Weekend

☐ Home Phone

☐ Alternate Phone

Preferred Date *(yyyy-Mon-dd)* _____

Consent for leaving message on client's voicemail recieved?

☐ Yes

☐ No

Language interpreter required?

☐ Yes, language/dialect *(specify)* _____

☐ No

Referring Source

Physician/PCN/Program/Site	Physician Fax Number
Address	

Reason for Referral *(main concern)*

☐ Help for self

☐ Help for someone else

☐ Help during pregnancy

☐ Information

☐ Relapse prevention

☐ Other *(specify)* _____