



FAX TO: Arizona Smokers' Helpline
1-866-897-1263

TODAY'S DATE: ___/___/___

Location: Yavapai/Apache Nation
2400 West Datsi Street
Camp Verde, Arizona 86322

FAX BACK #: (928)- 567-5452

Referred by: _____

Location/Site: _____

Address: _____

City: _____ Zip: _____

Phone: () _____ - _____

Client Consent and Personal Information Section:

I understand that the ASHLine (Arizona Smokers' Helpline) will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the ASHLine and the referring agency or physician permission to discuss my use of service.

Client Name (please print)

(_____) _____
Phone: home work cell other

Client or Guardian Signature

Date of Birth: ___/___/___

County of Residence: _____

Verbal consent received

Person obtaining verbal consent (sign and print)

Comments

Spanish Speaker English Speaker

Best time to call:
 8am to 12pm
 12pm to 5pm
 5pm to 8:30pm
 Specific: _____

Requesting:
 Native American Quit Coach
 Former Tobacco User
 Gender