



1 - 866 - QUIT - YES  
1 - 866 - 784 - 8937

TTY for Hearing Impaired 1-800-501-1068

# Tobacco Treatment Enrollment Form

## CLIENT INFORMATION -- Please Print and Stay in the Boxes

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

STATE ZIP

EMAIL ADDRESS

PHONE NUMBER

ALTERNATE PHONE

DATE OF BIRTH

GENDER

MALE  FEMALE

RACE / ETHNICITY

LANGUAGE

ENGLISH  SPANISH  OTHER (Specify)

PREGNANT

YES  NO

MEDICAID PARTICIPANT

YES  NO

MAY WE LEAVE A MESSAGE?

YES  NO

WHEN SHOULD WE CALL?

7 am - 10am  10am - 1pm  1pm - 4pm  4pm - 7pm  7pm - 9pm  9pm - 11pm

## CLIENT SIGNATURE

I authorize my referring agency to release the information on this enrollment form to the Illinois Tobacco Quitline for purposes of my participation in the tobacco cessation program and also authorize the Illinois Tobacco Quitline and its representatives to contact me at the phone number(s) I have listed above. I give the Quitline and the referring agency permission to discuss my use of service.

X

SIGNATURE OF THE CLIENT OR CLIENT'S REPRESENTATIVE

DATE

X

PRINTED NAME OF CLIENT REPRESENTATIVE

RELATIONSHIP TO CLIENT

## REFERRING AGENCY INFORMATION

SIGNATURE OF REFERRING AGENCY PERSONNEL:

**Southern Illinois Healthcare**

X