

**Alberta Health Services  
AADAC Smokers' Helpline  
Fax Referral Form**

Date of Referral: \_\_\_\_\_ (day/month/year)

Referral Site/Program: \_\_\_\_\_

Location: \_\_\_\_\_

**Purpose of Referral:**

- Personal help with reducing tobacco use  
 Help with reducing tobacco use during pregnancy      Pregnant:   
 Information on smoke free home/ vehicle  
 Helping someone else to reduce their tobacco use  
 Relapse prevention  
 Other: \_\_\_\_\_

**Material Given:**

- AADAC Smokers' Help Line Brochure  
 AADAC Smokers' Help Line card  
 One Step at a Time series (Canadian Cancer Society)  
 Small Steps Matter booklet (AADAC)  
 Other: \_\_\_\_\_

**Client Information (or attach client label)**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

**Contact Information**Preferred Number to be reached at: Home  Work  Other Preferred Time of Contact: AM  Weekday  Preferred Date of Contact: \_\_\_\_\_  
PM  Weekend Consent for leaving a message on client's voicemail received: Yes  No Language Interpreter required: Yes  No  Language/Dialect: \_\_\_\_\_**Client consent received to fax information to the Smokers' Help Line:** Yes **Please fax this form to 780-735-3551****To be completed by AADAC Smokers' Help Line**

- |  |   |
|--|---|
| <input type="checkbox"/> Client contacted      Date: _____   | <input type="checkbox"/> Client contacted and referred to other services  |
| <input type="checkbox"/> Client contacted and not interested | <input type="checkbox"/> Unable to contact client                         |
| <input type="checkbox"/> Intake Survey completed             | <input type="checkbox"/> Referral incomplete (e.g. wrong number provided) |