



Today's Date: _____

ORGANIZATION INFORMATION

Organization Name: _____

Organization Address: _____

Organization ID: _____

Organization Phone: _____

Organization Fax: _____

Referred by: _____

Comments

[Empty box for comments]

CLIENT INFORMATION

Client Date of Birth: _____

MM/DD/YYYY

First Name: _____

Last Name: _____

Chosen/Preferred Name: _____

Client Gender:

Male Female Transgender/Gender Variant*

(i.e. *Transgender Male/Assigned Female at Birth or Transgender Female/Assigned Male at Birth)

Currently pregnant or breastfeeding? Yes No

Preferred Language:

English Spanish Mandarin* Cantonese*

Korean* Vietnamese*

Primary Phone: _____
__home__work__cell__other

Secondary Phone: _____
__home__work__cell__other

*NOTE: Referrals for clients speaking Asian languages will be confidentially transferred to our partners at the Asian Smokers' Quitline

Preferred Contact Time (select all that apply):

Check box for deaf/hard of hearing (TTD/TTY)

Morning Afternoon Evening Anytime

CLIENT CONSENT (please initial in both spaces provided and sign below)

____ I agree to have the Arizona Smokers' Helpline (ASHLine) contact me to help me with my quit process. I give my permission for the ASHLine to inform the organization referring me about the outcome of my referral.

____ I give my permission for the Arizona Smokers' Helpline (ASHLine) to leave a message when contacting me if they are unable to reach me.

Client or Guardian Signature: _____ Date: _____

Verbal consent received (for both parts above)

Signature of person obtaining verbal consent: _____

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone (520-621-2083) and confidentially dispose of the material. Do not review, disclose, copy or distribute.