



FAX TO: Arizona Smokers' Helpline

1-866-897-1263

TODAY'S DATE: ___ / ___ / ___

<p>Location #8816</p> <p>Pima County Employee Wellness</p>	<p>FAX BACK #520-724-8150</p> <p>Referred By: _____</p> <p>Alternate Fax: (____) _____ - _____</p>
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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, health care provider, employer or insurer permission to discuss my use of ASHLine services.

 Client Name (please print)

 Phone: home work cell other

 Client or Guardian Signature

 Date of Birth: ___ / ___ / _____

Verbal consent received

 County of Residence: _____

 Person obtaining verbal consent (sign and print)

Spanish Speaker English Speaker

Comments:

Best Time to Call:

- 8 am to 12 pm
- 12 pm to 5 pm
- 5 pm to 8 pm
- Specific: _____