

2500 McClellan Avenue, Suite 250 Pennsauken, New Jersey 08109

856.665.6000 / 856.665.7711 fax 888.545.5191 toll-free www.snjpc.org

THIS SECTION

TO BE

Fax To			nnection Smoking Cessation Support Counselo Fax: 856-665-7711
Please fax this	FIOIII:	Provider Name	,

Date:

Please fax this form to MQC, then place original on patient's chart.

To:	Mom's Quit Connection Smoking Cessation Support Counselor			
Phone:	856-665-6000	Fax: 856-665-7711		
From:	Provider Name			
	Hospital/Office	? Name		
Phone:		Fax:		
Email:				
# Pages	including cover:	s		

## **CONSENT**

COMPLETED I have been informed about Mom's Quit Connection, a FREE smoking cessation service for **BY CLIENT** pregnant women and new mothers. I give permission for an MQC counselor to contact me via phone, text, email or mail and tell me more about the program. I understand that by having someone contact me, I am under no obligation to sign up for services. I understand that this form will be faxed to the MQC office.

PLEASE PRINT: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Street Address \_\_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_ County\_\_\_\_ Phone/Text (\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_ Preferred call times \_\_\_\_\_ Mom's Quit Connection operates M-F, 8:30 am-5:00 pm Date of Birth \_\_\_\_\_ Signature: Are you pregnant? **STAGE OF REDINESS** Please check what best describes you: ☐ Yes Due Date: \_\_\_\_\_ ■ No ☐ Ready to quit ☐ Willing to talk about quitting Do you now have or have you ever had diabetes? **☐** Want more information: ☐ Yes ■ About quitting ■ No ■ About second hand smoke

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