MILITARY TOBACCO TREATMENT ENROLLMENT FORM
1-877-695-7848

AMERICAN LUNG ASSOCIATION.

LUNG HELPLINE & TOBACCO QUITLINE

CALLER INFORMATION

FIRST NAME

LAST NAME

BASE/FACILITY NAME

MAILING ADDRESS

CITY **STATE** **ZIP**

E-MAIL ADDRESS

PHONE NUMBER -

ALTERNATE PHONE -

DATE OF BIRTH / /

GENDER

☐ Male ☐ Female

RACE/ETHNICITY

LANGUAGE

☐ English ☐ Spanish ☐ Other (specify)

PREGNANT

☐ Yes ☐ No

MAY WE LEAVE A MESSAGE?

☐ Yes ☐ No

BEST TIME TO CALL? ☐ EST ☐ CST ☐ MTN ☐ PST

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

CALLER SIGNATURE

I authorize the release of information on this enrollment form to the American Lung Association (ALA) Lung Helpline and Tobacco Quitilne for the purpose of my participation in the tobacco cessation program and also to authorize ALA and its representative to contact me at the phone number(s) listed above. I give ALA and the referring entity permission to discuss my use of the service.

Signature of the personnel or personnel's representative

Date

Printed name of personnel representative

Relationship to personnel

WORKSITE

Cannon Air Force
PH: (575) 784-1332

SIGNATURE of personnel representative:

X

706600

FAX THIS FORM TO: 1-855-QUIT-FAX (1-855-784-8329)