



**Referred By:**

- Coach  Teacher  Parent  
 Counselor  Principal  Friend  
 Other: \_\_\_\_\_

**Participant Consent and Personal Information Section:**

I understand that the WV Tobacco Quitline 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 WV Tobacco Quitline and/or the referring organization permission to discuss my referral.

Participant Name (please print): \_\_\_\_\_

Participant or Guardian Signature: \_\_\_\_\_

Verbal Consent Received (if no signature above)

Person Obtaining Verbal Consent (sign and print):  
\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

County of Residence: \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_\_

Home  Work  Cell

Best Time to Call:

8am to 12pm

12pm to 5pm

5pm to 8:30 pm

Specific: \_\_\_\_\_

May We Leave a Message?:

Yes  No

English Speaker

Spanish Speaker

**QUITLINE USE ONLY**

Participant Enrolled  Unable to Reach Participant

Date: \_\_\_/\_\_\_/\_\_\_