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• 519-271-0375 • Fax: 519-271-5368

Perth County Cessation Plan

CONSENT TO CONTACT

FAX

TO: Perth District Health Unit	FROM:
FAX: 519-271-5368	DATE:

By signing this form you are consenting to have a trained cessation staff member from the Perth District Health Unit contact you regarding information on quitting smoking, how to reduce the amount you smoke, or how to remain smoke-free.

Please answer the question suited to your current smoking status to ensure you receive the appropriate information.

CURRENT SMOKERS	EX-SMOKERS
How many cigarettes do you smoke per day? <input type="checkbox"/> <1 (i.e. every other day, only on Weekends, socially) <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20	Did you quit smoking in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No

I _____ give my consent for the Perth District Health Unit
(please print name)
to contact me regarding their quit smoking and smoke-free resources and services.

Signature _____

Phone Number _____

Please fax consent forms to:
Perth District Health Unit
(519) 271-5368

Personal information is being collected under the authority of the Health Protection and Promotion Act and will be used by the Health Unit to provide public health services to families. Questions concerning this collection should be addressed to the Director of Community Health at the Perth District Health Unit at 271-7600 ext 265. Listowel area residents call 1-877-271-7348 ext 265.