

Registration and Tobacco History Form

All information is kept confidential.

Please Print Clearly.

Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____

Age: _____ Gender: _____

Tobacco History

1. At what age did you start using tobacco? _____

2. How many times have you tried to quit? _____

3. What is the longest period of time you have quit the use of tobacco? _____

4. What type of tobacco products do you use?

_____ cigarettes _____ pipe _____ cigar _____ snuff _____ chewing tobacco

_____ snus _____ dissolvable tobacco _____ Other _____

5. If you smoke cigarettes, how many do you smoke a day? _____

6. If you use alternative tobacco products, how much do you use? _____

7. Health history: _____

8. Medications: _____

8. Are you interested in FREE Nicotine Replacement Therapy? _____

9. Allergies: _____

