

Self Referral Form



Go Smoke-Free NB
Vivez sans fumée NB
Telephone support:1-866-366-3667

Email to: gosmokefreenb@HorizonNB.ca

This form contains private and confidential information. It is intended for Go Smoke-Free NB only. If you have received this email in error, please forward to gosmokefreenb@HorizonNB.ca or vivezsansfumeenb@HorizonNB.ca and delete immediately. Any unauthorized use or disclosure of this information is strictly prohibited.

Request Form

Please complete the information below and **click the button at the bottom of the form to submit to Go Smoke-Free NB.**

One of our clinical nicotine cessation specialists will contact you and offer free, one-on-one guidance and support to help you quit or reduce smoking.

Client Information (Required) – Please complete electronically

First Name:
Last Name:
What language do you prefer? English French
Telephone Number: (506)
What time of day would you like us to call you back? Please select from the drop down menu
Do you give your consent for us to leave you a message and identify ourselves as Go Smoke-Free NB? Please select from the drop down menu
If yes, please provide your initials for consent here: