



CHATT Rx Form

Please fill out as much information as possible and return to Cessation Coordinator or UNM SBHC.

Date: _____

From: Teacher/Staff _____

Department/Program _____

Please send me more information on the CHATT Program

The following student,

Name: _____

ID Number _____

- Is a smoker or chewer
- Is interested in quitting
- Is not interested in quitting
- Was caught smoking
- Is exposed to 2nd hand smoke from friends or family
- Wants information about tobacco use
- Wants information about tobacco prevention