

# Tobacco Treatment Program Referral Form



**District Health Department #10**  
Healthy People, Healthy Communities



Today's Date \_\_\_\_\_

**Patient is:**    ready to quit       already quit/needs support       wants resources only

## Person making referral please complete

Agency name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address City/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## Does patient have any of the following conditions?

Pregnant                       Uncontrolled high blood pressure                       Heart disease

## Patient Information

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_                      2<sup>nd</sup> phone: (\_\_\_\_) \_\_\_\_\_

**Gender:**       Male                       Female

**Language:**    English                       Spanish                       Other \_\_\_\_\_

**Best times to call?**       morning                       afternoon                       evening

**May we leave a message?**       Yes                       No

\_\_\_\_\_ *Client verbally consents to being contacted by a Tobacco Treatment Specialist*

Practitioner

Initials

## PLEASE FAX or EMAIL TO:

Lake/Mecosta/Newaygo: (231) 796-7864 or [lmorris@dhd10.org](mailto:lmorris@dhd10.org)

Manistee/Mason/Oceana: (231) 845-0438 or [grichardson@dhd10.org](mailto:grichardson@dhd10.org)

Crawford/Kalkaska: (231) 775-6693 or [msorenson@dhd10.org](mailto:msorenson@dhd10.org)

Wexford/Missaukee: (231) 775-6693 or [agullekson@dhd10.org](mailto:agullekson@dhd10.org)

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

4/2023 (CR)