

# Health Care Provider Referral Form to Tobacco Free Florida

Tobacco Free Florida's Provider Referral Form Use Instructions



## I. Provider Information **(Required)** *Provider fills out. Select Hospital or Non-Hospital. See examples on back.*

☐ **HOSPITAL**

Health System: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Department: \_\_\_\_\_

Provider Name: \_\_\_\_\_

☐ **NON-HOSPITAL**

Umbrella

Organization: \_\_\_\_\_

Clinic/Agency: \_\_\_\_\_

Dept/Location: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am a HIPAA Covered Entity and I want a feedback report: ☐ Yes ☐ No

## II. Patient Information **(Required)** *Patient fills out*

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

The best time to call you: *(check one)*

☐ Morning: 8am – Noon ☐ Afternoon: Noon – 5pm ☐ Evening: 5 – 9pm ☐ Anytime


Can we leave a voicemail? *(check one)*

☐ Yes ☐ No

*My signature gives permission for my provider to send this form to a Tobacco Free Florida representative.  
I understand that I will be contacted within the next week.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Choice:** Check ONE box below (see program descriptions on back). The provider will then submit this form via fax or email to the program listed below.

☐  Attend an in-person group or virtual class **Fax:** 1-888-975-1534 | **Email:** tobacco@ahec.ufl.edu

☐  Talk to a Quit Coach® over the phone **Fax:** 1-866-688-7577 | **Email:** supportservices@optum.com

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## Referral Form Submission Instructions

**I. Provider Information:** The provider completes this section. Examples are listed below:

Hospitals	Example 1	Example 2	Example 3
Health System:	UF Health	Memorial Healthcare System	Flagler Health
Hospital Name:	Shands Hospital	Memorial Hospital Pembroke	Flagler Hospital
Department:	Internal Medicine	Respiratory Therapy	Cardiopulmonary
Provider Name:	John Doe		Jane Smith
Non-hospitals	Example 1	Example 2	Example 3
Umbrella	Walgreens		
Organization:			
Clinic/Agency:	Walgreens	Santa Rosa County Health	Juan Pérez, D.O.
Dept/Location:	#1234		
Provider Name:	John Doe	Jane Doe	Juan Pérez, D.O.

**II. Patient Information:** The patient provides their contact information.

**Program Choice:** Patient should select ONE program from the list.

- Provider should fax or email completed forms to the program the patient has selected.
- If the referral is sent to the in-person group or virtual group class, the patient will be called by the Florida Area Health Education Center (AHEC) that serves the patient's county to schedule them in a course.
- If the referral is sent to the telephone program, a tobacco Quit Coach will call the patient to enroll them in their preferred program.

## Tobacco Free Florida Program Options



### Group (Virtual) Quit

Register for a session with trained facilitators along with others who want to quit like you.

- Led by a trained specialist
- 2 to 4 weeks nicotine patches, gum or lozenges
- Convenient times & locations
- Group support



### Phone Quit

A Quit Coach® is waiting for your call to help you on your journey to be tobacco free.

- Quit Coach® 24/7
- 2 weeks nicotine patches or gum
- Custom plan
- 3 calls from Quit Coach®
- 1-877-U-CAN-NOW (1-877-822-6669)

**Need more information about the programs available? Visit:** [www.tobaccofreeflorida.com/quityourway](http://www.tobaccofreeflorida.com/quityourway)