



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

<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> NON-HOSPITAL
Health System: _____	Umbrella: _____
Hospital Name: _____	Organization: <u>FDOH – Putnam County</u>
Department: _____	Clinic/Agency: <u>FBCCEDP</u>
Provider Name: _____	Dept/Location: <u>Palatka, FL</u>
Main Contact Person: <u>Rita J. Cianfrocco</u> Email: Rita.Cianfrocco@flhealth.gov	
Phone: <u>(386) 326-3281 or 3278</u>	Fax: <u>(386) 643-6677</u>
Address: <u>2801 KENNEDY STREET</u>	City: <u>PALATKA</u> State: <u>FL</u> Zip Code: <u>32177</u>
I am a HIPAA Covered Entity and I want a feedback report: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(check one)</i>		
<input type="checkbox"/> Morning: 8am – Noon	<input type="checkbox"/> Afternoon: Noon – 5pm	<input type="checkbox"/> Evening: 5 – 9pm <input type="checkbox"/> Anytime
Can we leave a voicemail? <i>(check one)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>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.</i>		
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.		
<input type="checkbox"/>  Attend an in-person group or virtual class	Fax: 1-888-975-1534 Email: tobacco@ahec.ufl.edu	
<input type="checkbox"/>  Talk to a Quit Coach® over the phone	Fax: 1-866-688-7577 Email: supportservices@optum.com	

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 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: <https://tobaccofreeflorida.com/how-to-quit-tobacco/smoking-cessation-programs>