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** ☒ **NON-HOSPITAL**

Health System: _____ Umbrella Organization: FDOH – Putnam County

Hospital Name: _____ Clinic/Agency: FBCCEDP

Department: _____ Dept/Location: Palatka, FL

Provider Name: _____ Provider Name: _____

Main Contact Person: Rita J. Cianfrocco Email: Rita.Cianfrocco@flhealth.gov

Phone: (386) 326-3281 or 3278 Fax: (386) 643-6677

Address: 2801 KENNEDY STREET City: PALATKA State: FL Zip Code: 32177

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 Organization:	Walgreens		
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