

Partner Referral Form
Client Referral for Tobacco Cessation Services

Please Fax Completed Form to Public Health – Idaho North Central District at 208-799-0349

♦First Name:		♦Last Name:	
Address:		♦Phone:	
City:	State:	Zip:	Email:
♦ REASON FOR REFERRAL <i>(check all that apply)</i>		♦ TOBACCO PRODUCTS USED <i>(check all that apply)</i>	
Current tobacco user interested in: <input type="checkbox"/> FREE Nicotine Replacement Therapy* <input type="checkbox"/> FREE Cessation Classes <input type="checkbox"/> One on One <input type="checkbox"/> Group <input type="checkbox"/> FREE Cessation Information / Resources Mailed to Current Address <input type="checkbox"/> Former tobacco user seeking support		<input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Electronic Cigarettes <input type="checkbox"/> Other: _____	
♦ PREFERRED CONTACT METHOD <i>(check all that apply)</i>			
<input type="checkbox"/> Phone Call Preferred Time: <input type="checkbox"/> 8AM – 10AM <input type="checkbox"/> 10AM – 12PM <input type="checkbox"/> 1PM – 3PM <input type="checkbox"/> 3PM – 5PM <input type="checkbox"/> Email			
NOTES			
<div align="center" style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg); pointer-events: none;"> SAMPLE </div>			
REFERRED BY			
Agency/Organization: _____		Referral Date: _____	
Contact Person: _____		Phone: (____) _____ - _____	

♦ Required Information ♦

Updated 12/22/16

*Idaho residents age 18+ can receive up to 8 weeks of free nicotine gum, patch or lozenges by calling 1-800-QUIT-NOW or www.projectfilter.org. WA residents may be eligible for two weeks of nicotine gum or patches depending on insurance status. To learn more about WA resources, visit <http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit>.

For questions about cessation services or to request additional referral forms, contact
 Public Health – Idaho North Central District at 208-799-0368.