

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.*

<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> NON-HOSPITAL
Health System: _____	Umbrella Organization: _____
Hospital Name: _____	Clinic/Agency: _____
Department: _____	Dept/Location: _____
Provider Name: _____	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: <input 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 <u>ONE</u> 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

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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 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