

**BABY & ME – Tobacco Free
FAX-TO-QUIT**

Community Agency Referral Form

To: Washoe County Health District

FAX to: 775-328-3750

Or EMAIL to: hngo@washoecounty.us



CLIENT INFORMATION (PLEASE PRINT)

Patient Name: _____ Date of Birth: ____/____/____

Address: _____

Email Address: _____

Phone #: _____ Estimated Delivery Date: ____/____/____

I (undersigned) give permission for the support staff and/or facilitator of the BABY & ME – Tobacco Free Program to contact me, enroll me in the program, assist me in quitting smoking, and give feedback regarding my progress to the community agency listed below.

Client Name (print): _____

Client Signature

Date

REFERRING COMMUNITY AGENCY INFORMATION

Community Agency's Name

Referring Person

Community Agency's Address

City, State, Zip

Phone Number

Contact Information: Washoe County Health District

1001 East Ninth Street, Building B

775-328-2480 or hngo@washoecounty.us