Tobacco Cessation Initiative
Client ID: _____

Referral Form

1. To refer individuals that are looking for Tobacco Cessation Services to Lucas County Tobacco Community Cessation Initiative, please complete the form below.
2. Fax this form to 419-213-4119 or e-mail to tobaccofree@co.lucas.oh.us.
3. A Tobacco Treatment Specialist will contact your patient.
4. For questions or more information, call 419-213-4558.

Patient Information

Patient Name: _____ Date of Referral: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ May we text you? (Circle One) Yes No

Language Preference: English _____ Spanish_____ Other: _____

Is patient currently pregnant? Yes _____ No _____ Due Date: _____

When is the best time to contact patient:

- ☐ Morning (8:00 AM - 12:00 AM)
- ☐ Afternoon (12:00 PM - 6:00 PM)
- ☐ Evening (6:00 PM – 8:00 PM)
- ☐ Other: _____

Referred By

Name: _____

Organization: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Patient Authorization for Referral

I authorize my case to be referred to Lucas County Tobacco Community Cessation Initiative.

Patient's Signature: _____

CCI Community Cessation Initiative Lucas County