



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

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Referral Form Tobacco Free for Life Program

Patient Information: <u>Please Print Clearly</u>		Date of Referral: / /	
Name (Last, First, MI)		Date of Birth:	
Home Phone:		Cell: Text OK? <input type="checkbox"/>	
Street Address or Post Office Box:		Apartment/Room/Unit#	
City, State, Zip:			
E-Mail Address – Please Print Clearly		Pregnant: Please Circle One Yes No	

Program or Requesting Provider: Please Print Clearly			
Provider Name:		Practice:	
Street Address:		Suite #	
City, State, Zip:	Phone:	Fax:	

Reason for Referral: Please Circle One	
Cessation	Consultation
Patient Signature: Please Note that due to HIPAA regulations our programs cannot contact patient's that do not sign this referral.	
Signature:	Date:

Please Fax completed form to the Tobacco Free for Life Program:
Fax # - 240-313-3239

Division of Behavioral Health Services
Tobacco Free for Life Program
925 N. Burhan's Blvd. • Hagerstown, MD 21742

240-313-3310 Voice • 240-313-3391 TDD • 240-313-3239 Fax