

**BABY & ME – Tobacco Free FAX-TO-QUIT
Community Agency Referral Form
To: (Vanderburgh County Health Department)
FAX to: (812) 435-6342**



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:
(Mary Jo Borowiecki, Grant Administrator for Baby & Me)
(Vanderburgh County Health Department)
(420 Mulberry Street)
(812-435-5807)