



Fax Referral Form for Baby & Me-Tobacco Free

Date: ___/___/___

Attention: Jessie Wingert Phone: 330-812-3918

Fax Number: 330-923-6370 Scan email: jwingert@sched.org

Summit County Public Health - Fairway Center - 1867 W. Market St - Akron 44313

First Name (Print) _____ **Last:** _____ **Due Date** ___/___/___

Address: _____ **City** _____ **Zip** _____

Primary Phone: _____ **email:** _____

Yes, I am interested in finding out more about Baby and Me-Tobacco Free Program: _____

Signature: _____

Referral Agency Information

Name of Person Referring: _____

Agency: _____

Phone: _____ **Staff Email:** _____

How many cigarettes does she smoke daily? _____ **Does she live with smokers?** _____

Client Readiness: (check one) Thinking about it _____ Not Sure _____ Seems ready _____

Received Baby & Me-Tobacco Free brochure? _____

Comments
