



Fax Referral Form for Baby & Me-Tobacco Free

Date: ___/___/___

Attention: Tameka Austin Phone: 330-926-5756

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

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

Client Information

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

Address: _____ City _____ Zip _____

Primary Phone: _____ email: _____

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 _____

Comments
