

Tobacco Cessation Referral-Primary Caregiver

Make this referral if a participant answers “Yes” to Tobacco Use at Enrollment

Date: _____ Staff: _____

Case Number: _____

1. Referral Status:

- Referred Already Receiving Services

2. Service provider referred to/receiving services from:

Follow-up should be provided 3 months after referral. See Tobacco Cessation Follow-up Assessment.