



Tobacco Cessation Referral Form

Preferred Language: (Check One)

English Spanish Vietnamese Korean Farsi

Client Information

Name: _____ Phone No. _____

Address: _____

Comments:

Information Collected By: (Name) _____

Agency: _____ Phone No.: _____

**Please email this form to: Nang.Atphasouk@ahmchealth.com
or fax to: 714-999-5280**

Tobacco Cessation Department
Email: Nang.Atphasouk@ahmchealth.com
Phone: (714) 999-3991
Fax: (714) 999-5280