



**Healthy Lungs Pennsylvania**

**REFERRAL FORM**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parents'/Guardians' Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Year in School \_\_\_\_\_

Referred by (include title): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Comments \_\_\_\_\_

**Administrative Use Only**

Smokeless Saturday Site \_\_\_\_\_

Date \_\_\_\_\_ Letter sent to Parents/Guardians \_\_\_\_\_

Scheduling Confirmation Letter sent \_\_\_\_\_

Student attended: Yes \_\_\_\_\_ No \_\_\_\_\_ Payment Received \_\_\_\_\_

Check Cash Credit Card

Rescheduled (Site/Date) \_\_\_\_\_ Requested by \_\_\_\_\_

**Please mail or fax completed referral form to**  
Mary Ann Valasek  
Director of Tobacco and Health Programs  
Healthy Lungs Pennsylvania  
201 Smith Drive, Suite E  
Cranberry Township, PA 16066  
PHONE: 724-772-1750 (Toll-Free: 1-800-220-1990)  
FAX: 724-772-1180