



**Tobacco Reduction and Childbearing Years (TRACY)  
INTAKE REFERRAL FORM  
Free Smoking Reduction During and after Pregnancy Group**

<b>Referral Date:</b> _____
<b>Group Date:</b> January 18- February 8      February 15-March 8      March 15- April 5

<b>Name of Client:</b> _____
<b>Address:</b> _____ _____
<b>Phone number:</b> (H) _____ (c) _____
<b>Email:</b> _____
<b>Due Date:</b> _____
<b>Number and ages of children:</b> _____
<b>Postpartum, age of baby?</b> _____
<b>Bus Passes Required</b> Yes _____    No _____

**Please fax to Kerri Herman 403-355-3292**

**Or email [kerri.herman@albertahealthservices.ca](mailto:kerri.herman@albertahealthservices.ca)**

**Or call the TRACY phone number 403-818-5344 to refer.**

**Participants may also self refer by calling the TRACY  
phone number 403-818-5344.**