

Physician Consent Form

With your physician's approval, The Smoking Cessation program can begin at any time.

Patient Name: _____

Address:

Phone: _____

Doctor's Approval

The above-mentioned individual has my approval to participate in the Smoking Cessation Program including an exercise portion at the Wellness Center at Baptist Hospital. *Please attach any further information that would be helpful in the care of the participant including contraindications for exercise.*

Doctor's Signature:

Doctor's Printed Name:

Date: _____

Please fax all materials to:
615.284.3037

For more information, call **615-284-BFIT**
or visit www.BaptistHospital.com.

 **The Wellness Center**
Baptist Hospital

Smoking Cessation

Individual & Group Program



The Wellness Center
Baptist Hospital

stay well.

Smoking Cessation

Deciding to quit smoking is one of the most challenging decisions to make. Following through can be even more of a challenge. Finding a program that will work with you **one-on-one** has proven to be the most effective way to stop smoking.

Individual Program

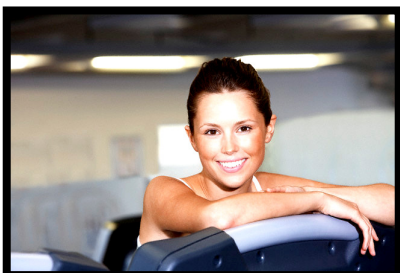
Four Sessions:

- 1-Discuss history and determine a quit date and technique
- 2-Learn about quitting methods and determine triggers
- 3-Follow through on quit date with support
- 4-Address and deal with any triggers

Cost of Individual Program

4 sessions: \$100
Includes one-on-one sessions with trained Wellness Specialist, workbook and materials.

Added Benefit:
Join The Wellness Center for \$15/month while in the program



Group Program

Our trained Wellness Specialist will come speak to your group or company to begin the steps to stop smoking for good.



Services Offered:

Lunch and Learns
Small group discussions
Large group presentations

Please contact our Wellness Specialist Coordinator to book group programs.

Questions?

Please call **Andrea Hall** at **615.284.BFIT** for more information or to schedule an appointment to stop smoking today!

stay well.
