NB anti-tobacco COALITION antitabac du N.-B.

Smokers' Helpline

Fax: 1 877 513-5334

CONFIDENTIAL

Fax Referral Form

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

The Moncton Hospital
Chest Clinic

HEALTH PROFESSIONAL REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Health Professional Discipline (Please select one) Facility/Region ____________________________

❍ Physician ❍ Nurse ❍ Pharmacist ❍ Respiratory Therapist ❍ Dental Hygienist

❍ Social Worker ❍ Chiropractor ❍ Dietitian ❍ Other: (PLEASE SPECIFY) ______________________

Name: ____ Telephone: (   ) __________________

PATIENT / CLIENT- CONTACT INFORMATION – PLEASE PRINT

______________________________ ______________________________

FIRST NAME LAST NAME

______________________________ ______________________________

STREET ADDRESS CITY/TOWN

New Brunswick__________________ ______________________________

PROVINCE POSTAL CODE

(______) ______________________________

TELEPHONE

❍ Home ❍ Cell ❍Work

(______) ______________________________

ALTERNATE TELEPHONE (optional)

❍ Home ❍ Cell ❍Work

____

Email ADDRESS

Language preference

❍ English ❍ French

Gender

❍ Male ❍ Female ❍ ________________

(Females only)

Are you pregnant?

❍ Yes ❍ No

Have you given birth within the past 6 months?

❍ Yes ❍ No

The *Smokers' Helpline* usually calls the client within 3 business days of receiving a referral. When should we call?

Please call me in the ❍ Morning ❍Afternoon ❍Evening ❍ Anytime

May we leave a message identifying ourselves as *Smokers' Helpline*? ❍ Yes ❍ No

PATIENT/CLIENT-INFORMED CONSENT

I give permission for this form to be faxed to *Smokers' Helpline* (SHL), so that SHL can contact me regarding my attempt to quit smoking, and also for SHL to communicate with my healthcare provider.

____

SIGNATURE OF CLIENT/PATIENT DATE (month/day/year)

This fax is private and confidential and may contain privileged information. It is intended for Smokers' Helpline only. If you have received this fax in error please notify the sender and destroy this faxed message immediately. Any unauthorized use or disclosure of this faxed information is strictly prohibited.

Form Revised September 2008.