

<b>Stop Smoking Service Referral Form</b>		Can be sent by Internal Post or Faxed to: 0131 537 7446
Date:		
Referred by:		
Contact details:		
<b>GP Practice Details</b>		
Address		
Telephone Number		
Fax Number		
<b>Patient Details</b>		
Consented to be contacted by telephone? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name		
Address		
Date of Birth		
CHI number		
Telephone Number	Day	
	Mobile	
	Evening	
Availability	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Anytime	
Is the patient in the priority group for the service?	<input type="checkbox"/> Pregnant woman <input type="checkbox"/> Cancer patient <input type="checkbox"/> Low income group <input type="checkbox"/> Young Person	
If under 18 and still in FT education name of Educational establishment attended:		
<b>Relevant Medical History</b>		
Any contraindications to: <input type="checkbox"/> Bupropion (Zyban) <input type="checkbox"/> Varenicline (Champix) <input type="checkbox"/> Nicotine Replacement (NRT) Other relevant medical history:		
Communication issues that may influence participation in the stop smoking programme?		
<b>For Stop Smoking Office use only:</b>		
<input type="checkbox"/> 1st contact by telephone: (see notes) <input type="checkbox"/> unsuccessful (do second contact)		
<input type="checkbox"/> 2 <sup>nd</sup> contact by telephone: (see notes) <input type="checkbox"/> unsuccessful (send appointment letter)		
<input type="checkbox"/> Appointment letter sent <input type="checkbox"/> attended (see patient notes) <input type="checkbox"/> Did not attend (send discharge letter)		
Discharge letter sent to: <input type="checkbox"/> GP <input type="checkbox"/> Client		