|  |  |
| --- | --- |
| Smoking Cessation  Referral Form |  |

# Consent

Does patient provide consent to be contacted by Smokefree Hampshire? *(note: we cannot contact the patient if consent is not provided)*

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

# Patient Details

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  |  |
|  |  |  |
| Telephone Number |  |  |
|  |  |  |
| Address |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Name of GP Practice |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
|  | MM |  | DD |  | YY |

|  |  |
| --- | --- |
| Notes/other information |  |

Please submit this form to *smokefree.hampshire@nhs.net*