Referring Agency:
Brant Community Healthcare System

Brant County Health Unit
Quit Smoking Clinic Referral Form

Please complete this form and fax to the Quit Smoking Clinic: **519-753-2140**

Patient Information

Patient Name: _____ DOB: _____/_____/_____
Day Month Year

Address: _____ Postal Code: _____

Telephone: _____ Alternate Number: _____

Name of Family Physician: _____

Date of Discharge: (if applicable) _____

☐ **Patient has consented to being contacted by the Brant County Health Unit for follow up regarding quitting smoking and the Quit Smoking Clinic services offered**
(If consent box is not 'checked', the patient will NOT be contacted by the Health Unit)

Did the patient receive NRT in hospital? ☐ Yes ☐ No ☐ Not Applicable

Type of NRT: _____ Dosage: _____

Health Care Provider Comments: _____

_____

_____

Referral Source

Health Care Provider Name: _____ Discipline: _____

Department: _____ Date: _____

The Quit Smoking Clinic: Background Information

The Quit Smoking Clinic at the Brant County Health Unit offers one-to-one counselling with a public health nurse, and the provision of FREE Nicotine Replacement Therapy (NRT) for eligible individuals. Please note that not all patients will be eligible to receive NRT as per Health Unit policy. According to the Brant County Health Unit policy, patients with the following conditions are NOT eligible to receive NRT:

- Pregnant
- Breastfeeding
- Under 18 years of age

This information is collected under the authority of the *Health Protection and Promotion Act,* Section 5 (or other appropriate legislation), and in accordance with the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Co-ordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519.753.4937, x.222

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