Smokers' Helpline
Fax: 1 877 513-5334
CONFIDENTIAL
Referral Form

Quit Connection
MANITOBA

smokers' helpline
1-877-513-5333 smokershelpline.ca

HEALTHCARE PROVIDER REFERRAL SOURCE – REQUIRED – PLEASE PRINT

Healthcare Provider (select one)

○ Physician ○ Nurse ○ Dentist ○ Pharmacist ○ Physiotherapist ○ Social Worker

○ Other:(specify) _____

Contact Information of Referring Provider
(or include fax transmissible stamp with equivalent information)

First name _____ Last name _____

Telephone (_____)_____ Fax (_____)_____

Office Stamp

PATIENT / CLIENT- CONTACT INFORMATION – REQUIRED - PLEASE PRINT

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____ CITY/TOWN _____

PROVINCE Manitoba POSTAL CODE _____ BIRTHDATE (mm/yyyy) _____

(_____) _____
TELEPHONE
○ HOME ○ CELL ○ WORK

EMAIL ADDRESS (optional) _____

Language preference of service
○ English ○ French
○ Interpreter requested (specify language below)

Gender
○ Male ○ Female ○ Identify as: _____

Does patient wish to self-identify as an Aboriginal person such as First Nations, Metis or Inuit? ○ Yes ○ No
We offer culturally sensitive cessation counselling to Indigenous clients if the client self-discloses this information.

When should Smokers' Helpline call?

Please call me in the: ○ Morning ○ Afternoon ○ Evening ○ Anytime

PATIENT / CLIENT-INFORMED/VERBAL CONSENT

It is understood that this form will be faxed to Smokers' Helpline (SHL), so that SHL can contact the referred individual regarding his or her attempt to quit smoking, and also for SHL to communicate with the referring healthcare provider. SHL will keep all information confidential and will only use it for the purpose of administering the referral program.

SIGNATURE (of either patient/client being referred or of the individual who obtained verbal consent) _____ DATE (mm/dd/yyyy) _____

This fax contains private and confidential 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.

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