

To be completed by the referring Health Professional

All patient data is stored securely in accordance with Data Protection guidelines.

If you have a query concerning a referral please contact: 0333 005 0095.

Patient Details

Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other	Date of Birth:	DD / MM / YY
First Name:		Age: (if under 18)	
Surname:		Gender:	<input type="radio"/> Male <input type="radio"/> Female
Address:			
Postcode:		NHS Number:	
Telephone:		Mobile:	
Email:			
Parent/Carer Name:		GP Surgery:	
Patient meets the Level 3 criteria because:	<input type="radio"/> Long term condition	<input type="radio"/> Pregnant or Breastfeeding	<input type="radio"/> Mental Health Condition
	<input type="radio"/> Receiving treatment for substance misuse	<input type="radio"/> Learning Disability	<input type="radio"/> Dementia
	<input type="radio"/> Under the age of 21	<input type="radio"/> Smokes > 40 cigarettes a day	<input type="radio"/> Has had >3 unsuccessful quit attempts in the last 3 years
	<input type="radio"/> Is planning a pregnancy in the next 12 months	<input type="radio"/> Has someone living in their home who is under school age or has a Long Term Condition	
Referrer Name:		Referrer Job Title:	
Referring Organisation:		Referral Date:	

Consent

I confirm that the patient has agreed to share his/her data with Everyone Health's Waltham Forest stop smoking service.	
Referrer's Name:	Referrer's Signature:

Please send completed referral form via post, secure eFax or e-mail as below:

Address: WF SSS – Clinical Contact Centre 2 Watling Drive, Sketchley Meadows, Hinckley, LE10 3EY	Fax: 0208 181 6301	Email: eh.walthamforeststopsmoking@nhs.net
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