

**Everyone Health Enfield Stop Smoking Service**

**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

<b>Patient Details:</b>						
<b>Title:</b>	Mr/Mrs/Ms/Miss/Other:	<b>Date of Birth:</b>				
<b>First Name</b>		<b>Age: (if under 18)</b>				
<b>Surname:</b>		<b>Gender:</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
<b>Address:</b>						
<b>Postcode:</b>		<b>NHS Number:</b>				
<b>Telephone:</b>		<b>Mobile:</b>				
<b>Email:</b>						
<b>Parent/Carer Name:</b>			<b>GP Surgery:</b>			
<b>Patient meets the Level 3 criteria because:</b>	Long term condition or secondary care	<input type="checkbox"/>	Pregnant or Breastfeeding partner/family	<input type="checkbox"/>	High prevalence communities	<input type="checkbox"/>
	Under the age of 21	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>	Routine and manual workers	<input type="checkbox"/>
<b>Referrer Name:</b>			<b>Referral Job Title:</b>			
<b>Referring Organisation:</b>			<b>Referral Date:</b>			

<b>Consent:</b>	
I confirm that the patient has agreed to share their data with Everyone Health's Enfield Stop Smoking Service	
<b>Referrer's Name:</b>	<b>Referrer's Signature:</b>

<b>Please send completed referral form via post, fax or e-mail as below</b>		
<b>Address:</b> Clinical Contact Centre 3 Watling Drive, Sketchley Meadows, Hinckley, LE10 3EY	<b>Fax:</b> 0208 181 6301	<b>Email:</b> Clinical.contactcentre@nhs.net