**Quit4Life will attempt to contact patient within 2 working days**

|  |  |  |
| --- | --- | --- |
| **Patient’s details:**  Name:  Address:  Postcode:  Date of Birth:  Tel No:- Home:  Can a message be left Yes/No    Mobile:  Work:  Email address: | **GP details**:  Registered GP Name:  Surgery Name/Address:  NHS Number: | **Referrer’s details:**  Name:  Role/Position:  Address:  Organisation/Ward/Dept:  Are you employed by SHFT: Y / N  Tel No:  NHS net e-mail address  (to feedback outcomes):  Date of referral: |

|  |  |
| --- | --- |
| **Medical History (please tick where appropriate):**  Pregnant □ Partner of pregnant women □  Referred for Surgery / Fitness for Surgery □  Mental health services user □  COPD / Respiratory illness □ Diabetes □  Cardio Vascular Disease □ Stroke □    Hospital in-patient □  Other medical condition of note | **Additional Information (please tick where appropriate):**  Is a shift worker □  Has access or mobility difficulties □  Has limited/No English spoken/read □  Is/Has a carer  Best time/method to contact |

**PLEASE SEND REFERRAL TO:** [**quit4life@nhs.net**](mailto:quit4life@nhs.net)or fax to **01252 335123** or post or by hand to

Quit4Life, Hampshire Stop Smoking Service, Aldershot Centre for Health, Hospital Hill, Aldershot GU11 1AY