

**Referral Form**

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| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Date of Birth** |  |
| **Telephone Number** |  |
| **Date of referral** |  |
| **Referred by:** | …………………………………………………………………………………………………………………………………BGH 🞏 Ward Number: ……………….... Edinburgh Royal: 🞏 PAU 🞏 |
| **How did you hear about our service?** | Poster 🞏 Radio 🞏 Word of Mouth 🞏 Other (please let us know): …………………………………………..…………………….................. |
| **GP Name****& Practice** |  |
| **Diagnosis &** **Medical History** |  |
| **Current Medication** |  |
| **Any other relevant information** |  |
| **Pregnant** | Yes 🞏 No 🞏  If pregnant no. of weeks: ……………………………. |
| **Quit4Good Use Only** |
| Assessment Appointment: |   |  Date referral received ……………………….. |
| Outcome: | DNA 🞏 1:1 🞏 Drop-in 🞏 Cancelled 🞏 Advice 🞏 Pharmacy 🞏 |
| Recheduled: | N/A 🞏 New assessment appointment: |
| BGH | Advice only 🞏 Referral to Quit4Good 🞏  |

**Please send completed forms to:** Quit4Good, SBC HQ, Health Improvement Team,

The Old School Building, Newtown St Boswells TD6 OSA Phone: 01835 825971

or Email: smoking.cessation@borders.scot.nhs.uk