

**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