Tobacco Free Nova Scotia

CONFIDENTIAL

Fax Referral Form

1-844-926-0243

Tobacco Free Nova Scotia

http://tobaccofree.novascotia.ca

8-1-1

Healthcare Provider Referral Source – Required – Please Print

Healthcare provider (select one)

Physician Nurse Dentist Pharmacist Respiratory Therapist Other (specify)_____

Contact information of Referring Healthcare Provider

(or include fax transmissible stamp with equivalent information)

_____ _____

First Name Last Name

(___)_____ (___)_____

Telephone Fax

Patient/Client – Contact Information – Required – Please Print

_____

FIRST NAME LAST NAME

_____

STREET ADDRESS CITY/TOWN

_____ _____ _____

PROVINCE POSTAL CODE BIRTHDATE (mm/dd/yyyy)

(_____)_____

TELEPHONE – Home / Work

(_____)_____

TELEPHONE – Cell

(required for appointment reminders by SMS)

_____

EMAIL ADDRESS (optional)

Language preference of service:

English / French /

Interpreter requested (specify language): _____

Gender:

Male / Female / Other: _____

Tobacco Free Nova Scotia usually calls the client within 5-10 business days of receiving referral. When should we call?

Please call me in the: Morning / Afternoon / Evening / Anytime

May we leave a message identifying ourselves as Tobacco Free Nova Scotia? Yes / No

Tobacco Free Nova Scotia would like your consent to send appointment reminders by text as this helps to ensure we are able to connect with you at the scheduled appointment booking time. Please text the word SMOKEFREEAPP to 902-700-7701.

Please confirm you have opted in to SMS appointment reminder messages. Yes / No

Patient/Client-Information Consent

I give permission for this form to be faxed to Tobacco Free Nova Scotia, so that Tobacco Free Nova Scotia can contact me regarding my attempt to quit smoking, and also for Tobacco Free Nova Scotia to communicate with my healthcare provider. I understand Tobacco Free Nova Scotia will keep my information confidential and will only use it for the purpose of administering the fax referral program.

_____ _____

SIGNATURE OF CLIENT DATE (mm/dd/yyyy)