

**SOUTH EAST HIGHLAND SMOKING CESSATION SERVICE
REFERRAL DETAILS**

Client Name		
And Address	Telephone Number(s)	
Postcode	Work:	
Date of Birth	Mobile:	
	Home:	
Dose the client wish to be contacted at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Only to be completed by GP.	Nicotine Replacement Therapy only:	Smoking Cessation Advice Only:
This patient is medically suitable to receive:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zyban Yes <input type="checkbox"/> No <input type="checkbox"/>		
Champix Yes <input type="checkbox"/> No <input type="checkbox"/>		
Would patient like to be seen with partner/carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and address of the Medical Practice where you are registered.		
Signature:		
Print name		
Date:		

Margaret Garner
 Smoking Cessation Adviser (Inverness)
 Stop Smoking Service
 The Rowans
 New Craigs
 Inverness IV3 8NP
 Telephone :- Mobile 07771583988

Working with you to make Highland a healthy place to be.
Please send completed form to the Stop Smoking Service,
The Rowans, New Craigs Inverness IV3 8NP.