

**CONFIDENTIAL**

**Brighton and Sussex  
University Hospitals**



NHS Trust

## HOSPITAL – Smoking Cessation Referral Form

<b>Patient's Registered GP</b>	<b>Patient's Name</b>
<b>GP Address</b>	<b>Patient's Address</b>  <b>Postcode</b> <b>D.O.B.</b> <b>NHS NUMBER:            /        /</b>
<b>Referrer Name</b>	<b>Patients's Telephone No:</b> <b>Mobile No:</b>
<b>Referrer Address (Ward or Department)</b>	<b>Relevant Medical Conditions:</b>
<b>Signature of referrer</b>	<b>Date of referral</b>

Is the quit attempt the patient's idea?	Yes / No
Is the patient prepared to set a quit date <b>and</b> attend support sessions?	Yes / No
<b>Preferred appointment time:</b>	<b>AM            PM            EVENING</b>

**Please send/e-mail this form to: Anna Fairhurst St. Mary's Hall, RSCH**  
**Extension 7445    Bleep 8335    E-mail: [anna.fairhurst@bsuh.nhs.uk](mailto:anna.fairhurst@bsuh.nhs.uk)**

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