

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



<b>Client Name</b>		
<b>And Address</b>	Telephone Number (s):	
Date of birth:	Work:	Mobile
	Home:	
Does the client wish to be contacted at home?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Client has expressed an interest in group therapy:      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. Cairn Medical Practice 15 Culduthel Road Inverness IV2 4AG Tel. 01463 712233		
Signature.		
Print Name «REFERRAL_Clinician»		
Date: «SYSTEM_Date»		

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