

Hastings Prince Edward Public Health

Smoking Cessation Fax Referral



Smoking cessation aids at time of appointment: ☐ NRT Patch ☐ Varenicline
☐ NRT Gum ☐ Bupropion
☐ NRT Lozenge ☐ Other _____
☐ NRT Inhaler ☐ Other _____
☐ NRT Mist ☐ None

Pregnant

☐ Yes ☐ No

Breastfeeding

☐ Yes ☐ No

Under 18 years of age

☐ Yes ☐ No

Has your patient used any form of tobacco in the past 7 days? ☐ Yes ☐ No

Has your patient used any form of tobacco in the past 6 Months? ☐ Yes ☐ No

1. ASK- Please ask patient the following questions:

1. What form(s) of tobacco do you currently use?

☐ Cigarette ☐ Pipe ☐ Cigar ☐ Smokeless Tobacco ☐ E-Cigarette ☐ Other: _____

2. Amount smoked daily? _____ cigarettes/day or If not a daily smoker _____ cigarettes/month

3. How soon after waking do you have your first cigarette?

☐ Within 5 Minutes - highly addicted ☐ Within 30 Minutes ☐ After 30 Minutes

2. ADVISE- As your health care provider, I strongly advise you to quit or reduce your smoking as it is the most important thing you can do for your health, and I can help you. There are many ways we can help including **reducing your smoking** or helping you to **quit completely**.

3. ASSIST- Free Nicotine Replacement Therapy Starter Kits are available to pharmacists through public health to start patients on their quit journey. Please contact the health unit for more information.

- ☐ Discuss external support through HPE Quit Smoking Clinic
- ☐ Provide patient with HPE public health contact information
- ☐ Provide patient with Nicotine Replacement Therapy Starter Kit

4. ARRANGE – Follow up Program

☐ Patient verbally consents for Hastings Prince Edward County Public Health follow up

Patient Name (Please Print): _____

Best Contact Number: _____

Requested contact time: ☐ 7 – 9AM ☐ 9AM – 12PM ☐ 1 – 5PM ☐ No Preference

Referring Health Care Provider Name: _____

Address: _____

Contact Number: _____

Provider Signature: _____ Date: _____

5. FAX

Please fax completed form to Hastings Prince Edward Public Health for follow up – only patients that have verbally consented to be contacted will be called.

Fax: 613-966-1813

For Questions Tel: 1-800-267-2803/613-966-5500, ext. 600