Smokers' Helpline/Talk Tobacco
Fax: 1 877 513-5334 CONFIDENTIAL
Referral Form

Shared health Soins communs Manitoba

smokers' helpline 1-877-513-5333 smokershelpline.ca

talk tobacco

HEALTHCARE PROVIDER REFERRAL SOURCE – REQUIRED – PLEASE PRINT

This referral is to: ❍**Smokers' Helpline** (cessation support for all populations)

❍**Talk Tobacco** (provides culturally relevant cessation support for Indigenous peoples)

Referral source:

❍ CancerCare MB ❍ Interlake Eastern RHA ❍ Northern RHA ❍ Prairie Mountain Health ❍ Southern Health

❍ Winnipeg RHA ❍ Other:(specify) _____

Contact Information of Referring Provider
(or include fax transmissible stamp with equivalent information)

_____ _____
First name Last name

(_____)_____ (_____)_____
Telephone Fax

Office Stamp

PATIENT / CLIENT- CONTACT INFORMATION – REQUIRED - PLEASE PRINT

_____ _____
FIRST NAME LAST NAME

_____ _____
STREET ADDRESS CITY/TOWN

_____ _____ _____
PROVINCE POSTAL CODE BIRTHDATE (mm/yyyy)

(_____) _____
TELEPHONE
❍ HOME ❍ CELL ❍ WORK

_____
EMAIL ADDRESS (optional)

Language preference of service
❍ English ❍ French
❍ Interpreter requested (specify language below)

Gender
❍ Male ❍ Female ❍Identify as: _____

When should Smokers' Helpline call?

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

PATIENT / CLIENT-INFORMED/VERBAL CONSENT

It is understood that this form will be faxed to Smokers' Helpline (SHL)/Talk Tobacco (TT), so that SHL/TT can contact the referred individual regarding his or her attempt to quit smoking, and also for SHL/TT to communicate with the referring healthcare provider. SHL/TT will keep all information confidential and will only use it for the purpose of administering the referral program.

SIGNATURE (of either patient/client being referred or of the individual who obtained verbal consent) DATE (mm/dd/yyyy)

This fax contains private and confidential information. It is intended for Smokers' Helpline only. If you have received this fax in error please notify the sender and destroy this faxed message immediately. Any unauthorized use or disclosure of this faxed information is strictly prohibited.

Template Revised March 2021