



Stop Smoking Service



Eastern Bay
Primary Health Alliance
Healthy Whānau, Healthy Lives



Hāpainga
Stop Smoking Service

BAY OF PLENTY STOP SMOKING SERVICE REFERRAL FORM

Date of Referral

1. CONTACT PERSON DETAILS

General Practitioner

Referring
Health Provider

Designation

Surname

First Name

Address

Phone

Suburb

Mobile

City

Email

2. CLIENT DETAILS

Surname

First Name

Address

Phone

Suburb

Mobile

City

DOB

Gender

☐ Female

☐ Pregnant

NHI

☐ Male

Client Consent

☐

Ethnicity

Māori ☐

NZ European ☐

Pacific Island ☐

Asian ☐

Other ☐

Specify...

3. STOP SMOKING PRACTITIONER TO SEE CLIENT AT:

Home

☐

Drop in clinic

☐

Hāpainga office

☐

Workplace (Please provide details)

Other (Please provide details)

4. PREFERRED MEANS OF CONTACT:

Phone call

☐

Text

☐

Email

☐

Post

☐

5. FORWARD FORM :

Scan/Email to:

hapainga@ebpha.org.nz

Mail to:

Concordia House

Fax to:

(07) 306 2399

17 Pyne Street

Free Phone

0800 Hāpainga (427246)

Whakatane, 3120

Clinical Policies and Procedures

File Name: Referral Form Doc HP 2016

Authorised:

Stop Smoking Lead

Date Issued:

December 2016

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Next Review:

June 2018

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