

Brant County Health Unit Quit Smoking Services Referral Form

For residents of **Brantford and Brant County**

Please complete this form and fax to the Quit Smoking Services: **519-753-2140**

Client Information

Client Name: _____ DOB: _____ / _____ / _____
Day Month Year

Address: _____ Postal Code: _____

Telephone: _____

Name of Family Physician/Nurse Practitioner: _____

- Client has consented to being contacted by the Brant County Health Unit for follow up regarding quitting smoking and the Quit Smoking Services offered.**

Client Signature: _____ Date: _____

Service Provider Comments: _____

Referral Source

Service Provider Name: _____ Discipline: _____

Agency: _____ Date: _____

The Quit Smoking Clinic: Background Information

The Quit Smoking Clinic at the Brant County Health Unit offers one-to-one counselling with a public health nurse, and the provision of FREE Nicotine Replacement Therapy (NRT) for eligible individuals. Please note that not all patients will be eligible to receive NRT as per Health Unit policy. According to the Brant County Health Unit policy, patients with the following conditions are NOT eligible to receive NRT:

- Pregnant
- Breastfeeding
- Under 18 years of age

This information is collected under the authority of the *Health Protection and Promotion Act*, Section 5 (or other appropriate legislation), and in accordance with the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes. For information about the collection contact Co-ordinator, Freedom of Information & Protection of Privacy, Brant County Health Unit, 194 Terrace Hill Street, Brantford, ON, 519.753.4937, x.298.

BRANT COUNTY HEALTH UNIT

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