Ontario

Health Connect Ontario Smoking Cessation Program

FAX REFERRAL FORM 1-877-356-1691

Date of Referral (YYYY/MM/DD):

PATIENT INFORMATION
(please print or place patient sticker here)

First Name:
Last Name:

Gender:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer to self-describe:
- ☐ Prefer not to say

Date of Birth (YYYY/MM/DD):

Telephone Number:
Consent to leave a voicemail message? (☐) Yes (☐) No

Alternative Number:
Consent to leave a voicemail message?
(☐) Yes (☐) No

Patient Email Address (to receive appointment email reminders from your CareCoach):

Address
Unit/Suite/Apartment #

City/Town

Ontario

Postal Code

REFERRAL SOURCE INFORMATION
(sticker/stamp can be placed here)

☐ This is my first referral to Health Connect Ontario Smoking Cessation Program

Health Care Provider Name:

Referral Type (please select one)

- ☐ Physician
- ☐ Nurse
- ☐ Dentist
- ☐ Physiotherapist
- ☐ Pharmacist
- ☐ Other (specify)

Organization:

Telephone Number

Fax Number

Please carefully check, when we should call? NOTE: The CareCoaches will make three attempts to contact you.

Weekday	Weekend
10 am –12 pm ☐	10am -12pm ☐
12 pm – 3 pm ☐	12pm - 3pm ☐
3 pm – 8 pm ☐	3pm - 8pm ☐
8 pm – 10 pm ☐	8pm - 10pm ☐

Is there a need for an interpreter?
(☐) Yes (☐) No

If yes, please specify which language: _____

PATIENT AGREEMENT TO REFERRAL

☐ I give permission to my health care provider to fax this information to the Health Connect Ontario Smoking Cessation Program. I understand that the program will contact me once they receive this referral to discuss my desire to quit smoking. I understand that this is a free service.

☐ I agree to let Health Connect Ontario Smoking Cessation Program to leave a telephone message on my phone and send information about my enrolment in the service to my health care provider who is listed above.

Patient Signature

Date Signed (YYYY/MM/DD)

All personal information collected through this referral form, and through any interaction between participants of the Health Connect Ontario Smoking Cessation Program and representatives of the service is kept private and strictly confidential. This information is used solely for the purpose of delivering the service to Ontarians and evaluating the effectiveness of the service.