

Ontario



Telehealth Ontario Smoking Cessation Program

FAX REFERRAL FORM

Fax to: 1-888-857-6555

Date of Referral (YYYY/MM/DD):

PATIENT INFORMATION

(please print or place patient sticker here)

REFERRAL SOURCE INFORMATION

(sticker/stamp can be placed here)

This is my first referral to Telehealth Ontario Smoking Cessation Program

First Name:

Last Name:

Health Care Provider Name: Ashlyn Brown

Gender:

Male

Female

Non-binary

Prefer to self-describe:

Prefer not to say

Referral Type (please select one)

Physician

Nurse

Dentist

Physiotherapist

Pharmacist

Other (specify)

Date of Birth (YYYY/MM/DD):

Organization: Southwestern Public Health

Telephone Number ()

Telephone Number (519)631-9900 ext 1227

Consent to leave a voicemail message? () Yes () No

Alternative Number ()

Fax Number (519) 633-0468

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

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

Weekday

10 am – 12 pm

12 pm – 3 pm

3 pm – 8 pm

8 pm – 10 pm

Weekend

10am -1 2pm

12pm - 3pm

3pm - 8pm

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 Telehealth 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 Telehealth 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 Telehealth 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.