



**Elgin St. Thomas Site**  
 Administrative Office  
 1230 Talbot Street  
 St. Thomas, ON  
 N5P 1G9

**Woodstock Site**  
 410 Buller Street  
 Woodstock, ON  
 N4S 4N2

**CONFIDENTIAL REFERRAL FORM— STOP SMOKING WORKSHOP REFERRAL FORM**

**FAX TO: 519-633-0468**

**HEALTH CARE PROVIDER INFORMATION- PLEASE PRINT**

Organization:	Date:
First Name:	Last Name:
Telephone:	Fax:

**PATIENT/CLIENT – CONTACT INFORMATION –REQUIRED- PLEASE PRINT**

First Name	Last Name:
Telephone:	May we leave a message identifying ourselves as Southwestern Public Health?  <input type="checkbox"/> Yes <input type="checkbox"/> No

**PATIENT/CLIENT INFORMED/VERBAL CONSENT**

<p>It is understood that this form will be faxed to Southwestern Public Health (SWPH), so that SWPH can contact the referred individual regarding their attempt to quit smoking, and also for SWPH to communicate with the referring Health Care Provider. SWPH will keep all information confidential and secure and will only use it for the purpose of administering the referral program.</p>
<p><b>SIGNATURE</b> (of either the patient/client being referred or individual who obtained verbal consent)      <b>DATE</b> (mm/dd/yyyy)</p>

This fax is confidential and may contain privileged information. It is intended for Southwestern Public Health only. If you have received this in error, please notify the sender and destroy it immediately. Any unauthorized use or disclosure of this information is strictly prohibited.