



SMOKING CESSATION CLINIC REFERRAL

Email: jrcinfo@providencehealth.bc.ca **Fax:** 604-297-9670

St. Paul's Hospital - John Ruedy Clinic (JRC)

B512 - 1081 Burrard Street, Vancouver BC V6Z 1Y6

Patient location (unit/bed): _____

Date of Referral: _____

Referred by: _____

ELIGIBILITY SCREENING:

- ☐ Reduce or quite smoking, Vaping or other tobacco use
- ☐ Self-referral is accepted via email / fax
- ☐ MD / Community referral accepted via email / fax

PATIENT INFORMATION:

PATIENT NAME (LAST NAME, FIRST NAME):

PHN:

DATE OF BIRTH:

TELEPHONE NUMBER:

EMAIL ADDRESS:

GENDER:

ADDRESS:

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