Providence HEALTH CARE

SMOKING CESSATION CLINIC
REFERRAL

Email: jrcinfo@phc.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:

- ○ Interested in reducing or quitting tobacco use (or vaping)
- ○ 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: