



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:

This facsimile transmission is intended only for the use of the person(s) named above and may contain information that is privileged or confidential. Any other distribution, copying or disclosure is strictly prohibited. If you are not intended or have received this transmission in error, please notify the sender immediately by telephone. Thank you.