### SMOKEFREE SUPPORT SERVICE REFERRAL FORM

## Referral Pathways

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| Te Hā - Waitaha Smokefree Support Free face to face smokefree support **service for all Canterbury people** |

|  |  |  |
| --- | --- | --- |
|  | * Te Hā - Waitaha website – [www.tehawaitaha.nz](http://www.tehawaitaha.nz/) |  |
|  | * [Te Whatu Ora Smokefree SharePoint intranet site](https://cdhbintranet.cdhb.health.nz/communitypublichealth/Smokefree/SitePages/Home.aspx) |  |
|  | * Cortex (under “orders”) |  |
|  | * Scan and email to: [smokefree@cdhb.health.nz](mailto:smokefree@cdhb.health.nz) |  |
|  | * Freephone: 0800 425 700 |  |

## Details needed to refer

*You can add Patient Label here*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| Full name / ingoa |  | | |
| Address / wāhi noho |  | | |
| Phone / waea toronga |  | | |
| Date of birth |  | NHI number |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient agrees to Smokefree Support** | | | **Yes** | |
| **Pregnant** | **Yes** | **Due date if known:** | |  |
| Pregnant whānau are eligible for the Te Hā - Waitaha Pregnancy Incentive Programme | | | | |

**Which ethnic group to do you belong to? Tick all that apply**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NZ Māori | | NZ European | Pākehā | | | Samoan | Cook Island Māori | Tongan |
| Niuean | Chinese | | | Indian | Other (e.g. Dutch, Japanese, Tokelauan) | | |
| NZ Māori Iwi: | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient motivation** | **1** | **2** | **3** | | **4** | **5** | **6** | | **7** | **8** | **9** | **10** |
| *as indicated by the patient* | **Not motivated** | | |  | | | | **Highly motivated** | | | | |
|  |  | | |  | | | |  | | | | |
| **Notes:** | | | | | | | | | | | | |

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| **For more information about local smokefree support services visit**  **www.tehawaitaha.nz** |