



Canadian Cancer Society / Société canadienne du cancer

MANITOBA DIVISION

Smokers' Helpline
1 877 513-5333
www.cancer.ca

Smokers' Helpline

Fax: 1 877 513-5334

CONFIDENTIAL
Fax Referral Form

Financial contribution from



Health Canada / Santé Canada



HEALTH PROFESSIONAL REFERRAL SOURCE - REQUIRED - PLEASE PRINT

Health Professional Discipline (Please select one) Regional Health Authority: _____

- Physician, Nurse, Respiratory Therapist, Pharmacist, Dentist, Other (PLEASE SPECIFY)

FIRST NAME, LAST NAME, TELEPHONE

PATIENT / CLIENT- CONTACT INFORMATION - PLEASE PRINT

FIRST NAME, LAST NAME, STREET ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE

TELEPHONE (Home, Cell, Work), ALTERNATE TELEPHONE (optional), EMAIL ADDRESS, Language preference (English, French), Gender (Male, Female), (Females only) Are you pregnant?, Have you given birth within the past 6 months?

The Smokers' Helpline usually calls the client within 3 business days of receiving a referral. When should we call?

Please call me in the (Morning, Afternoon, Evening, Anytime)
May we leave a message identifying ourselves as Smokers' Helpline? (Yes, No)

PATIENT/CLIENT-INFORMED CONSENT

It has been explained to the patient that their information (contact, relevant demographics and smoking history) will be disclosed to Smokers' Helpline (SHL) for the purpose of initiating direct contact to provide cessation services. All information is kept confidential and only used for program administration and evaluation. Health care organization privacy officer contact information has also been made available.

Expressed consent to disclose information to SHL (Yes, No)

SIGNATURE OF HEALTH PROFESSIONAL REFERRAL SOURCE DATE (month/day/year)

