

patient label

SMOKEFREE COMMUNITY REFERRAL

Hospital: Tauranga Ward/Unit name _____
 Whakatane Ward/Unit name: _____
 Referrer's name & designation _____

Client's preferred name _____

Contact phone number(s) _____ Ethnicity _____


Email _____


Quit Coach may visit client in hospital? YES NO


Will accept a Letter Phone call (best time) am pm

TICK AND SEND CHOICES

- AUKATI KAIPAIPA QUIT SMOKING CLINIC**
 Tauranga Hospital (Outpatient's Department) Email: info@ngakakano.org.nz Phone: 07 573 0660
 Whakatane Hospital (Maori Regional Health) Email: referrals@nash.org.nz Phone: 07 306 0096

- WESTERN BAY OF PLENTY** Phone 07 573 0660
 Nga Kakano Foundation provides
 Aukati Kai Paipa (AKP) face to face
 stop smoking programme Free Phone 0508 525 266
 Fax 07 573 4835

- EASTERN BAY OF PLENTY** Phone 07 306 0096
 Te Tohu O Te Ora O Ngati Awa provides
 Aukati Kai Paipa (AKP) face to face
 stop smoking programme Fax 07 307 2151

- QUITLINE** Fax 04 460 9879
 **The Quit Group**
 TE ROOPU ME MUTU Quitline provide subsidised NRT,
 online, Txt2quit and telephone
 cessation support Email referrals@quit.org.nz

Client's Signature _____

Date _____