

## **Referral Form for Quit Your Way Orkney – Stop Smoking Service**

Thank you for your time referring someone to QYWO. Make a referral by calling us on 01856 888084, using the 'Click to be contacted' option [online](#) or by completing this referral form and sending it by email to [ork.quityourway@nhs.scot](mailto:ork.quityourway@nhs.scot) or in the post to: Quit Your Way Orkney, Public Health, The Balfour, Foreland Road, Kirkwall, KW15 1NZ.

### **Person being referred – Personal Details**

Name:

Date of birth:

CHI number (if known):

Address:

Telephone number:

Email address:

Pregnant\*:  Yes  No

Additional information about the person being referred (optional):

### **Person being referred – Preferences**

Preferred day for stop smoking support:  Monday  Wednesday  Any day

Preferred time for stop smoking support:  Morning  Afternoon  Evening  Any time

Permission to leave voicemail:  Yes  No

Permission to send email:  Yes  No

### **Referrer Information**

I confirm that this referral has been discussed with the person being referred and that they have agreed to being contacted by QYWO using the contact details provided above.

Name:

Referring service:

Date of referral:

\*Please note: We ask if the person being referred is pregnant to aid our prioritisation of referrals. This information will be handled in the strictest confidence.