

Quit Your Way Hebrides Referral Form

I have discussed smoking with this client. They have agreed to be referred to the Quit Your Way Hebrides Service and to be contacted by a member of Quit Your Way Hebrides team to discuss quitting.

Patient Information

Patient's name: _____

Gender: _____

Patient's CHI no. (if known:): _____

Patient's address: _____

Town: _____ Postcode: _____

Patient's landline phone number: _____

Patient's mobile phone number: _____

Referrer Information

Referrer's name and designation*: _____

Team/Department*: _____

Date: _____

(*self if self-referral)

Comments:

Please return this form by post or email to:

QUIT YOUR WAY HEBRIDES

Block 11, Laxdale Court, Stornoway, HS2 0GS

Email: wi.quityourway@nhs.scot

Telephone: Direct line 01851 701623. Extension: 2018/2019

This referral applies to all patients across the Western Isles.
Uist and Barra patients will be referred to their local advisors through Quit Your Way Hebrides.

NB: If the patient does not wish for a referral to be made on this occasion please give them the Quit Your Way Hebrides leaflet.