**

**Stop smoking Service referral form**

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(first name)* *(surname*)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Ensure patient agrees to smokefree support)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Attach Patient’s ID label)*

**Patient motivation 1 ----------------------- 5-------------------------10**

as indicated by the patient(Not motivated)(Highly motivated)

**Pregnant : Yes / No**

(please circle)

**Notes:**

**Please refer to:**

**Te Hā – Waitaha Stop Smoking Canterbury Fax: 81749**

Free face to face stop smoking service for all Canterbury people

* + - www.stopsmokingcanterbury.org.nz
    - email: [smokefree@cdhb.health.nz](mailto:smokefree@cdhb.health.nz)
    - Freephone: 0800 425 700

**Referrer’s Details Date:** \_\_\_\_\_\_\_\_\_\_

**Name of referrer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ward / Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information about stop smoking services visit www.stopsmokingcanterbury.co.nz

**Smoking Cessation Referral Pathway**

**YES**

**Document** smoking status and action taken

**Offer Cessation support by discussing with patient a referral to Te Hā-Waitaha, (Stop Smoking Canterbury)**

Free face-to-face stop smoking service for all people

in Canterbury

**Ensure you complete the motivation score on referral**

Give **Brief advice and Smokefree information (Quitpack)**

Where possible, tailor your brief advice to the person in front of you. Advice could be related to health, whānau or finances.

All inpatients who smoke should be **offered NRT** for nicotine withdrawal

No further action

**Ask smoking status - current smoker?**

**NO**

**Examples of brief advice:**

*“Being Smokefree will mean your body is able to repair at a faster rate*

*– I can arrange Smokefree support for you today.”*

*“Stopping smoking is one of the most important actions a woman can*

*take to improve the outcome of her pregnancy and have a healthy*

*baby – we have Smokefree Specialists that can support you in*

*becoming Smokefree”*

*“ It costs so much for cigarettes now, think of the money you could put*

*towards something you want or need* – *we can arrange free Smokefree support today”*

**Nicotine Replacement Therapy (NRT) dosage:**

**Smokes within one hour of waking:**

Smokes fewer than 10/day – 21mg patch AND 2mg gum or 1 mg lozenge

Smokes more than 10/day – 21mg patch AND 4mg gum or 2 mg lozenge

**Smokes after one hour of waking:**

Smokes fewer than 10/day – 14mg patch or 2mg gum or 1 mg lozenge

Smokes more than 10/day – 21mg patch AND 2mg gum or 1 mg lozenge

**Examples of conversations:**

*“Would you like me to connect you to our stop smoking support services,*

*I’ll get them to give you a call.”*

*“I can link you in with people that specialise in smokefree support, shall I get them to give you a call?”*