COMMUNITY – Domiciliary Smoking Cessation Referral Form

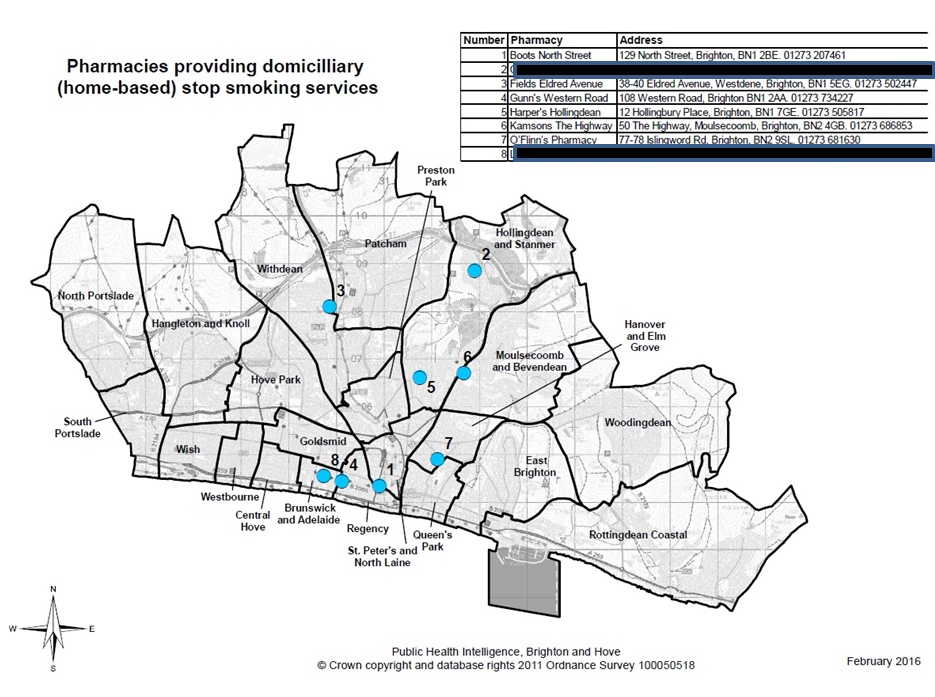
**Please complete all sections highlighted in red and where possible provide additional information if known.**

|  |  |  |
| --- | --- | --- |
| **Patient’s Registered GP:** | Patient’s Name: | |
| **GP Address:** | **Patient’s Address:**  **Postcode:**  **D.O.B. / /** | |
| **Postcode:** |
| **Referrer Name:**  **Referrer Address** |
| Patient’s Telephone No: **Mobile No:** | |
| **Relevant Medical Conditions:** | | |
| **Is the patient housebound?** Please answer | **Is the patient eligible for free prescriptions?** If known please answer | |
| Signature of Referrer: | Date of Referral: / / | |
| **THE PATIENT HAS GIVEN CONSENT FOR A STOP SMOKING ADVISOR TO VISIT THEM AT HOME:** Please answer.  ***Pharmacy use only –Please ask the patient to sign below at the beginning of the first visit.***  **I (PATIENT) GIVE INFORMED CONSENT TO RECEIVE SMOKING CESSATION ADVICE AND TREATMENT:**  **PATIENT’S SIGNATURE: DATE : / /** | | |
| **ANY KNOWN RISKS TO SELF OR OTHERS?** If known please answer  (if yes please detail below ) | | |
| **ANY COMMUNICATION ISSUES (BLIND, DEAF, LANGUAGE)?** If known please answer  (if yes please detail below ) | | |
| **ANY ACCESS ISSUES? :** If known please answer  (if yes please detail below) | | **CARER’S / KEY HOLDER’S NAME:**  (if known, please state)  **TELEPHONE NO:** |

E-mail this form to your nearest Domiciliary Pharmacies Provider listed on the back

Created on 1/12/2015

Domiciliary Smoking Cessation Pharmacies for Brighton & Hove



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| --- | --- | --- | --- | --- | --- |
| **PHARMACY NAME** | **ADDRESS 1** | **ADDRESS 2** | **POSTCODE** | **TEL.NO** | **NHS EMAIL** |
| Coldean Pharmacy | 16 Beatty Ave | Coldean | BN1 9ED | 01273 605657 | [coldeanpharmacy.brighton@nhs.net](mailto:coldeanpharmacy.brighton@nhs.net%20) |
| Boots Pharmacy | 129 North Street | Brighton | BN1 2BE | 01273 207461 | [bootschemist.northstreet.brighton@nhs.net](mailto:bootschemist.northstreet.brighton@nhs.net) |
| O'Flinns Pharmacy | 77-78 Islingword Rd | Brighton | BN2 9SL | 01273 681630 | [oflinn.pharmacy@nhs.net](mailto:oflinn.pharmacy@nhs.net%20) |
| Harpers Pharmacy | 12 Hollingbury PL | Brighton | BN1 7GE | 01273 505817 | [harperspharmacy.brighton@nhs.net](mailto:harperspharmacy.brighton@nhs.net) |
| Fields Pharmacy | 38-40 Eldred Ave | Brighton | BN1 5EG | 01273 502447 | [fieldspharmacywestdene@nhs.net](mailto:fieldspharmacywestdene@nhs.net) |
| Kamsons Pharmacy | 50 The Highway | Brighton | BN2 4GB | 01273 686853 | [kamsonspharmacy.moulsecoomb@nhs.net](mailto:kamsonspharmacy.moulsecoomb@nhs.net%20) |