Canadian Mental Health Association Durham
Helping people move forward

Nurse Practitioner Led Clinic
60 Bond Street West, 2nd Floor
Oshawa, Ontario
Tel: (905) 436-9945
Fax: (905) 436-9313

Referral for Smoking Cessation Services within the Nurse Practitioner Led Clinic

Patient Contact Information:

Name: _____ OHIP Number:_____

Address:_____ Psychiatrist: _____

Home Telephone Number:(____)_____ Primary Care Provider: _____

Cellphone Number: (____)_____ Current Pharmacy: _____

Date of Birth:_____

Mental Health Diagnosis and/or alerts: _____

Allergies: _____

****Please attach an updated medication list****

RISKS:

- ☐ Violence towards others
- ☐ Violence towards self
- ☐ Violence towards property
- ☐ Sexual aggression
- ☐ Suicide
- ☐ Falls *(if yes, please describe functional mobility/ assistive devices)*:_____
- ☐ Concealing weapons
- ☐ Fire-setting
- ☐ Any other risks: _____

Legal Involvement/ Status: *(if no legal involvement, leave this section blank)*

- ☐ Criminal record
- ☐ Current charges *(if yes, please describe)*: _____ _____
- ☐ NCR
- ☐ Past charges *(if yes, please describe)*: _____ _____

Tobacco Information:

Tobacco type:

- ☐ Cigarettes
- ☐ Cigars
- ☐ Chewing tobacco
- ☐ Other:_____

Frequency:

- ☐ Daily
- ☐ Occasionally
- ☐ Quit Since:_____

Tobacco Amount:

_____per day/week (circle)

Goals for Program (check all that apply):

- ☐ Quit entirely
- ☐ Reduce tobacco use
- ☐ Counselling
- ☐ Receive NRT/ medication
- ☐ Unsure/ I don't know

Referral Source Contact Information (must be included)

Name: _____ Contact Number: (_____)_____

Date of Referral: _____ (mm/dd/yy)

***Please fax this form to Community Connection Services at 905-436-1569.**