

Referral Source Set-up Request Form



Advisors wishing to create new referral sources on the QuitManager system should complete the table below and email it to quitmanager.tfi@hse.ie quoting 'Referral Source Set-Up' in the subject line.

Requested by: _____

Email Address: _____

Contact Number: _____

1. Select Referrer Type (✓) which best identifies your referral type:			
Acute Setting <input type="checkbox"/>	Community Hospital <input type="checkbox"/>	Community Partnership <input type="checkbox"/>	Older Person Services <input type="checkbox"/>
Disability Services <input type="checkbox"/>	Primary Care <input type="checkbox"/>	Maternity Services <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Public Health <input type="checkbox"/>	Other (please specify):		

2. Referring Organisation
<p>Please give details of the service including CHO, County, Name, Address and Eircode</p> <p>CHO, COUNTY, EIRCODE: _____</p> <p>Service Name: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>Address 3: _____</p> <p>Address 4: _____</p>

3. Sub - Organisation
<p>This is only required for services within an organisation</p> <p>Examples: Respiratory Team, Occupational Therapy Department, Physiotherapy Department</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>