



Reidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Donegal Smoking Cessation Service REFERRAL FORM



Smoking
Cessation
Service

Tobacco Use History:

Diagnosis: (Primary)

Prescribed Medicines:

GMS: GP card:

Consultant/GP:

Person Referring:

Signature: Date:

Community: Return to Health Promotion Dept, 1st Floor, County Clinic, St. Conal's Hospital, Letterkenny
Hospital: Please complete form & Contact CNS/RNP on bleep # 428 or ext 3678

Place Addressograph or fill in details:

Name:

D.O.B. : PCN

Address:

Phone Number:

New Acute Hospital Service: Registered Nurse Prescribing

If you do not wish your patient/client to avail of this service please tick box