



# Smoking Cessation Referral Form

Has woman consented to a referral

yes

no

Please complete the following about the women:

1. Please stick NHI label here

Alternatively fill in the following data: -

Name:

Address:

Phone number  DOB

2. What is the best time of day to call her?

May we leave her a message?

yes

no

If there is no phone may we send her a letter?

yes

no

Gestation  weeks

NRT dispensed YES/NO (circle one)

3. Midwife:

Name (printed)

Signature:

Date:

4. Fax or email to Quitline 04 460 9879 or [referral@quit.org.nz](mailto:referral@quit.org.nz)

To access forms online go to [www.midwife.org.nz](http://www.midwife.org.nz)