

**SMOKING CESSATION CLINIC**

**Patient location** (unit/bed):

REFERRAL

**Email**: jrcinfo@providencehealth.bc.ca **Fax**: 604-297-9670

St. Paul’s Hospital - John Ruedy Clinic (JRC)

B512 - 1081 Burrard Street, Vancouver BC V6Z 1Y6

Date of Referral:

Referred by:

**ELIGIBILITY SCREENING:**

* Adult 18+
* Smoking Cessation Needs ONLY
* Self-referral is accepted via email / fax
* MD referral accepted via email / fax

**PATIENT INFORMATION:**

**PATIENT NAME (LAST NAME, FIRST NAME):**

**PHN:**

**DATE OF BIRTH:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**GENDER:**

**ADDRESS:**

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Page 1 of 1