

## MEDICAL/HEALTH PROFESSIONAL REFERRAL

Patient Surname: .....

First Name: .....

Address: .....

.....

Patient Tel No: .....

Post Code: .....

Patient's GP: .....

GP Address: .....

.....

**Home/Work Tel No:** .....

**Referrer's Contact Details: (PLEASE USE CAPITAL LETTERS)**

Job Title: ..... Name: .....

Department/Speciality: ..... Date: .....

Telephone: .....

For an appointment please forward to: **STOP! Smoking Service • St Johns House • 30 East Street • Leicester LE1 6NB • Tel: 0116 295 4141**



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295  
4141

**STOP!** III

HELPING LEICESTER STOP SMOKING

Directorate of Public Health and Health Improvement

This card is to be used to refer out-patients for community STOP! smoking support. It can be used by any health professional. STOP! will refer patients who do not live in Leicester to their local STOP! smoking service

For friendly and free support and advice,  
contact STOP! at 0116 295 4141