Ontario	Telehealth Ontario Smoking Cessation Program	FAX REFERRAL FORM Fax to: 1-888-857-6555

Date of Referral (YYYY/MM/DD):

PATIENT INFORMATION (please print or place patient sticker here)		**REFERRAL SOURCE INFORMATION** Odette Cancer Centre 2075 Bayview Ave | Toronto, ON M4N 3M5 ☐ This is my first referral to Telehealth Ontario Smoking Cessation Program
First Name: Last Name:		Health Care Provider Name: Referral Type (please select one)
Gender:		
☐ Male ☐ Female ☐ Non-binary	☐ Prefer to self-describe: ☐ Prefer not to say	☐ Physician ☐ Nurse ☐ Dentist ☐ Physiotherapist ☐ Pharmacist ☐ Radiation Therapist ☐ Other (specify)
Date of Birth (YYYY/MM/DD):		Organization: Odette Cancer Centre
Telephone Number ( ) Consent to leave a voicemail message? ( ) Yes ( ) No		Telephone Number (416) 480-5000
Alternative Number ( ) Consent to leave a voicemail message? ( ) Yes ( ) No		Fax Number: N/A

Patient Email Address (to receive appointment email reminders from your CareCoach):

Address Unit/Suite/Apartment #	City/Town	Ontario	Postal Code

Please carefully circle, when we should call? NOTE: The CareCoaches will make three attempts to contact you.

Weekday	Weekend	Is there a need for an interpreter?	If yes, please specify which language:
10 am –12 pm	10am -1 2pm	( ) Yes ( ) No	
12 pm – 3 pm	12pm - 3pm		
3 pm – 8 pm	3pm - 8pm		
8 pm – 10 pm	8pm - 10pm		

PATIENT AGREEMENT TO REFERRAL

☑	I give permission to my health care provider to fax this information to the Telehealth Ontario Smoking Cessation Program. I understand that the program will contact me once they receive this referral to discuss my desire to quit smoking. I understand that this is a free service.
☑	I agree to let Telehealth Ontario Smoking Cessation Program to leave a telephone message on my phone and send information about my enrolment in the service to my health care provider who is listed above.

Patient Signature Verbal Consent obtained	Date Signed (YYYY/MM/DD)

All personal information collected through this referral form, and through any interaction between participants of the Telehealth Ontario Smoking Cessation Program and representatives of the service is kept private and strictly confidential. This information is used solely for the purpose of delivering the service to Ontarians and evaluating the effectiveness of the service.

Ontario	Telehealth Ontario Smoking Cessation Program	FAX REFERRAL FORM Fax to: 1-888-857-6555