

Smoking Cessation Program Referral Form

Mailing Address:

Tobacco Control Program
Niagara Region Public Health
1815 Sir Isaac Brock Way
Thorold, ON, L2V 4T7
905-688-8248 ext. 7393 or 1-888-505-6074 ext. 7393

**Please complete and return this form by
emailing tobacco-free@niagararegion.ca or by
fax to 905-688-7024.**

Patient Label
Health Care Provider Stamp/Label

Patient Information

Fill out details that are not included in the stamp/label above.

First name: _____ Last name: _____

Date of birth (mm/dd/yyyy): _____ Sex: _____

Address: _____

City: _____ Postal code: _____

Email: _____

Phone (home): _____ Phone (alternative): _____

Patient consents to receiving email when an alternate method of communication is required to contact them.

Healthcare Provider Information

Fill out details that are not included in the stamp/label above.

Name: _____ Discipline: _____

Phone: _____ Fax: _____

Email: _____

Smoking Cessation Information

1. Patient would like to join a local quit smoking program:

Yes

No

2. Please select ONE preferred site location for the smoking cessation referral.

(Note: The pharmacy NRT programs listed below are for patients who are 18 years and older who are currently smoking cigarettes. If patient is under 18, or using other tobacco products including vaping, please check 'Other' and we can refer to an alternate smoking cessation program.)

Niagara Falls

Morrison Pharmasave Pharmacy
4725 Dorchester Road. Unit A5, Niagara Falls, ON

Thorold

PharmaViva Pharmacy
6 Clairmont Street, Thorold, ON

Welland

Welland Life Compounding Pharmacy
838 Ontario Road, Welland, ON

Welland

West Main Community Pharmacy
154 West Main Street, Welland, ON

Other: Patient agrees to receive a call from Public Health's Tobacco Control Program to discuss alternate smoking cessation program options.

Additional Comments:

For more information, contact the Tobacco Hotline: 905-688-8248 ext. 7393 or 1-888-505-6074 ext. 7393.