Guysborough Antigonish Strait Health Authority
Working Together for a Healthy Community

Smoking Cessation Referral

Facility: □ Eastern Memorial □ Guysborough Memorial
□ St. Martha's □ St. Mary's □ Strait Richmond

Name: _____
First Middle Last

Date of Birth: _____/_____/_____
Day Month Year

Address: _____

_____

Telephone: _____ **Health Card #:** _____

Date of Referral: _____/_____/_____
Day Month Year

I would like to be notified of the dates for up and coming Smoking Cessation Programs.

Name:_____

Signature:_____

Fax referrals Addiction Services at 902 863-0160.
Date Referral Received: _____/_____/_____
Day Month Year