

Quit4You Specialist Stop Smoking Service Referral Form

Please use this form to refer or self refer to the specialist stop smoking service Quit4You. All clients will be contacted within two working days of the referral being received.

Client Details:

Name:	Contact number:
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Health Professional Referrer Details (if applicable):

Name of Referrer:
Place of work:
Address:
Telephone number:
Date of Referral:

Clients registering with the Quit4you service register their contact information for the purpose of receiving advice on smoking cessation. As part of your initial assessment and Quit Plan you may be offered Nicotine Replacement Therapy (NRT), in order to receive this prescribed medication we will require your consent to share this prescribed medication with your registered GP Practice, to add to your patient record.

Any information provided by and about you is processed by the Public Health Directorate, Cabinet Office, Quit4You Smoking Cessation Service. Statistical information reported is anonymised. Information will only be shared without consent if there is an express lawful basis for doing so.

The Quit4You service will only process your personal information on a consent basis. You may withdraw your consent at any time by emailing quit4you@gov.im.

For more details on how the Cabinet office uses and protects your personal information view the [Cabinet Office Privacy Notice](#)

For details on how the Public Health Directorate protection your personal marketing information visit their [Marketing Statement](#)

Please send this referral form via post or email using the contact details below



Public Health Directorate
Cronk Coar, Noble's Hospital, Strang, Douglas, Isle of Man, IM4 4RJ.

Quit4You Tel: (01624) 642404 Fax: (01624) 642684 Email: quit4you@gov.im

Quit4You