

Smoking dependence & Cessation - maternity

Maternity Referral Record

Surname: NHI:

First Names:

Date of Birth: / / Sex:

PLACE PATIENT ID HERE



Smoking dependence and cessation referral record

Section 1

Does the woman currently smoke tobacco? i.e. cigarettes, cigar, pipe?

YES – current smoker. Fill in Section 2 **NO**

Has the woman ever smoked tobacco?

YES – ex-smoker (< 4 weeks). Fill in Section 2 Ex-smoker (> 4 weeks)

Does the woman have exposure to second-hand smoke? **Yes** **No**

Section 2 – mandatory field when YES is ticked in section 1

Brief advice: Advised to quit smoking
 NRT/Assistance offered

Section 3 – Cessation Support Referral

If a referral is requested, select the preferred provider, fill out the patient's contact details below and fax this page

Regional Stop Smoking Service

Phone: 0800 926 257 – www.takirimai.org.nz

Fax: 04 939 4640

This service offers face-to-face and 24 hour phone line support for everyone wanting to quit. The coaches will guide you through a 6 week program and provide free patches, lozenges and gum.

Quitline

Phone: 0800 778 778 – www.quit.org.nz

Fax: 04 460 9879

Quitline supports smokers wanting to quit via phone, texting and online services. Experienced advisors help you to achieve your quit goal and can provide up to 3 months' supply of low cost nicotine patches, lozenges and gum.

Hapu Ora Support for mums and mums-to-be

Phone: 04 237 0110

Fax: 04 237 0111

Hapu Ora supports pregnant women who smoke or women who smoke with children up to five years of age. The service provides education and assistance to guide whānau to become smokefree.

Woman's best contact number:

Remember to fax this if referring.

Signature of health professional:

Date: / /