

Client/Patient ID Label

**TOBACCO ADDICTION RECOVERY PROGRAM (TARP)
REFERRAL FORM**

TARP is a program intended to assist individuals living mental health and/or addiction concerns to quit smoking. The program involves 8 weeks of in-person groups at St. Joseph's West 5th campus, and up to a total of 26 weeks of Nicotine Replacement Therapy (NRT). NRT can only be provided if the patient has a family doctor or psychiatrist.

Clients need to commit to attending weekly, and to participate in group and homework exercises. Group is 2 hours in length.

Date of Referral: _____

Name of Referring Clinician: _____ Referring Program: _____

Referring Clinician Phone Number: _____ Fax Number: _____

Healthcard #: _____ Version Code: _____
(Required only for external referrals)

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Okay to leave Message? Yes No

Address: _____

Emergency Contact (include name and phone number): _____

Name of Family Doctor (MRP): _____ Family Doctor Fax: _____

Number of cigarettes smoked daily: _____

Client Goals for Quitting Smoking: _____