



**Yorkshire  
Smokefree Service**

**Yorkshire Smokefree Barnsley**

Oaks Building  
Kendray Hospital  
Doncaster Road  
Barnsley  
S70 3RD

**Yorkshire Smokefree Barnsley Referral Form**

<b>Client Details:</b>	
Forename	
Surname	
Date of Birth	
Address	
Telephone Number	
Client NHS Number if known	
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client a known risk to the advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give details
Discharge date (if applicable)	

<b>Referred by:</b>	
Name	
Job Title	
Base/Department	
Telephone Number	
Date	

**Email this referral to: [YSFBarnsley@swyt.nhs.uk](mailto:YSFBarnsley@swyt.nhs.uk)**

**For any other enquires please call:**

**01226 644364 opt 2  
or 0800 612 0011 (YSF HUB)**