

NSW Quitline Referral Form

Fax the completed form to: 02 9698 2740

(If you receive this fax by mistake, please re-fax to above number)



Client/patient details

Surname: Given Names: Sex: Male Female Date of birth: (Optional) Age: (Optional)

Preferred phone number:

Home

Work

Mobile

Preferred date of first call:

Preferred day/s to call:

Mon Tue Wed Thu

Fri Sat Sun

Preferred time/s to call :

9am – 12pm 12pm – 5pm

5pm – 8pm

Is it OK to leave a message?

Yes No

Interpreter required:

Yes No

If yes, specify language:

Is the client/patient of Aboriginal or Torres Strait Island origin?

Yes No Not stated/unknown

Health conditions: (To be filled by health professionals only)

Diabetes

Asthma

Pregnancy

Other, please specify:

Heart Disease

Depression

Breastfeeding

Respiratory Disease

Anxiety

Cancer

Smoking Cessation Pharmacotherapy currently used or prescribed:

Bupropion

Varenicline

Nicotine Replacement Therapy

Other, please specify:

Smoking habits:

Cigarettes per day:

Time to first cigarette:

0–5 minutes

5–30 minutes

30–60 minutes

60+ minutes

Referrer details

Name:

Organisation:

Address:

Suburb:

State:

Postcode:

Preferred contact method:

Phone

Fax

Email

Profession:

Doctor

Health Worker

Nurse

Midwife

Allied Health

Psychologist

Dental Practitioner

Optometrist

Pharmacist

Setting:

General Practice

Aboriginal Health Service

Hospital

Mental Health Service

Pharmacy

Alcohol & Drug Service

Public Oral Health

Community Service

Antenatal Service

Health Promotion Unit

Quit for New Life

Get Healthy Information & Coaching Service

Get Healthy at Work

Other, please specify:

Other, please specify:

Acknowledgement:

I acknowledge that the client/patient named above has been provided with information about the Quitline and has provided verbal informed consent to their information being sent to the NSW Quitline.

Name:

Date:



Confidential – Privacy Warning. The information contained in this fax message is intended for NSW Quitline staff only. If you are not the intended recipient you must not copy, distribute, take any action reliant on, or disclose any details of the information in this fax to any other person or organisation.