

# 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 name(s):

Sex: Male  Female  Date of Birth (Optional):  Post Code (Required):

Phone number: (Select preferred contact number): Home  Work  Mobile

Home:  Work:  Mobile:

Preferred date of first call:  Preferred day(s) to call: Mon  Tue  Wed  Thur  Fri  Sat  Sun  Preferred time(s) to call: 9am – 12pm  12pm – 5pm  5pm – 8pm

Is it OK to leave a message? Y  N  Is an interpreter required: Y  N  If yes, specify language:

Is the client/patient of Aboriginal or Torres Strait Island origin? Y  N  Not stated/unknown

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

Anxiety  Depression  Respiratory Disease  Pregnancy  Other (Please specify):   
Asthma  Diabetes  Heart Disease  Breastfeeding   
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:  State:

Post Code:

Phone number:  (Please enter preferred contact number)

### Profession:

### Setting:

Doctor  Psychologist  General Practice  Aboriginal Health Service  Health Promotion Unit   
Nurse  Pharmacist  Cancer Services  Antenatal Service  Community Service   
Allied Health  Health Worker  Hospital  Mental Health Service  Get Healthy at Work   
Dental Practitioner  Midwife  Pharmacy  Alcohol & Drug Service  Get Healthy Service   
Optometrist  Dental Service   
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.

FEBRUARY 2019

