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)

Quitline 13 7848

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 Islander origin?

◯ Yes ◯ No ◯ Not stated/unknown

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

☐ Diabetes ☐ Asthma ☐ Pregnancy

☐ Heart Disease ☐ Depression ☐ Breastfeeding

☐ Respiratory Disease ☐ Anxiety ☐ Cancer

Other, please specify:

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:**

Quitline 13 7848 | Quitline multilingual advisors | NSW Government | cancer institute NSW

Clear Form

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