



Fax Referral Sheet

To:

Quitline

Fax: (03) 9514 6801

Patient information – confidential

** mandatory fields*

*First name: *Last name:

*Preferred phone no:

Date of birth: Postcode:

Email:

Does the patient identify as being Aboriginal or Torres Strait Islander?

☐

Yes

☐

No

☐

Unknown

Interpreter required?

☐

Yes

☐

No

If yes, which language:

Is it OK for the Quitline to leave a message? ☐ Yes ☐ No

Referrer details

** mandatory fields*

*First name: *Last name:

*Organisation:

*Email:

*Work Phone:

*Fax:

Referrer Details (cont'd)

Please select the most appropriate setting

Sector	Setting	Sector	Setting
Aboriginal organisation	Aboriginal health worker	Hospital/health service	Cardiology
	General or nurse practitioner		Emergency
	Health promotion worker		Maternity
	Koori maternity worker		Mental health
	Nurse		Oncology
	Oral health professional		Pharmacy
	Pharmacist		Rehabilitation
	Psychologist/counsellor		Respiratory
	Tackling indigenous smoking worker		Surgery
	Other allied health		Other
Alcohol and other drugs	Care and recovery coordination	Primary and community health	Community pharmacist
	Counselling		General or nurse practitioner
	Intake		Maternal and child health
	Needle and syringe program		Nurse
	Peer support		Oral health professional
	Therapeutic rehabilitation		Psychologist/counsellor
	Withdrawal		Other allied health
Mental health	Acute community	Social and community services	Aged care
	Acute inpatient		Disability service
	Mental health community support service		Family violence service
	Specialist mental health		Financial advice/counselling
	Subacute community		Gambling support
	Subacute residential		Housing/homelessness
	Prisoner/former prisoner support		
	Youth services		
	Other		

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Please Note: Due to privacy processes, we can only provide feedback in relation to client information if a fax number is provided.

By submitting this form, you confirm that:

- Your patient has given consent for you to share their personal information with Quitline; and
- Your patient consents to Quitline providing you with personal information about the treatment provided to them.
- You consent to sharing your personal information for the purposes of this referral.

For more information, please see our Privacy Policy at www.quit.org.au/privacy-policy.