

# 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 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: