Referral to Quitline

Fax to: 1800 931 739

CONFIDENTIAL - PRIVACY WARNING. The information in this fax message is intended for 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.

To refer a patient/client to the Quitline for help with smoking cessation, please fill in the following:

Health professional contact details (please print clearly)

Practice name: .....
Town/suburb (and postcode): .....
Referring health professional's name: .....
Telephone number: .....

Patient/Client contact details (please print clearly)

Patient/Client's name:		
Age: ..... Patient's preferred phone no/s (h)..... (w)..... (m).....		
Are you of Aboriginal or Torres Strait Islander origin?	☐ Yes	☐ No
Would you like an Aboriginal Advisor from the NSW/ACT Aboriginal Quitline to call you?	☐ Yes	☐ No

Is it okay for the Quitline to leave a message?	☐ Yes	☐ No
Preferred date for first call (please circle)	Mon Tues Wed Thurs Fri Sat Sun	
Preferred time of first call (please circle)	☐ AM	☐ PM

Please note: Calls to Quitline will be answered 24 hours a day 7 days a week. However, Quitline advisors will only be available Monday through Friday 7:00am - 10.30pm and 9:00am - 5:00pm on weekends and public holidays.

Are you currently using any medication?	☐ Yes	☐ No
Do you have any of the following health conditions relevant to quitting smoking?		
Respiratory/lung disease/asthma (circle applicable condition/s)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Pregnancy	☐ Yes	☐ No
Depression/Anxiety	☐ Yes	☐ No
Heart Disease	☐ Yes	☐ No
Is your condition currently managed?	☐ Yes	☐ No
Other conditions– please specify:		

I consent to this information being faxed to the Quitline and for the Quitline to call me at a time that I have suggested on this form. I understand that persons within the organisation with access to the fax machine may view this form. In response to this fax referral, Quitline staff will call the patient/client as close as possible to the nominated time to provide information, support and advice on smoking cessation.

Patients signature:	Date: .....

Cancer Council ACT

Every minute
Every hour
Every day

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Deakin ACT 2600
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www.actcancer.org