Referral Fax Sheet
Oral Health Professionals

To: **Quitline (Victoria)** **Fax Number** 03 9635 5520 **Date** .....

Referred by: Name ..... Position .....

Organisation .....

Postal address ..... Postcode .....

Contact telephone ..... Fax number .....

If sending more than one Referral Fax Sheet at a time please indicate how many: .....

Privacy warning *— The information in this fax is confidential and only intended for the Quitline. If you have received this fax in error please resend to 03 9635 5520. You must not copy, distribute, take any action on, or disclose any details of the information in this fax to any other person or organisation.*

Patient's details: Name ..... ☐ Male ☐ Female

Does the patient have any other health issues relevant to Quitline counsellors?

☐ Respiratory/lung disease ☐ Diabetes ☐ Depression ☐ Anxiety ☐ Pregnancy

☐ Concern about children's health ☐ Other *(please specify)* .....

Please note *— The interaction of chemicals in cigarettes and some medications (eg. Insulin, some antidepressants/ antipsychotics) and the interplay between the chemicals and some symptoms can mean some smokers need monitoring of drug levels and symptoms by the prescribing doctor through the quitting process.*

☐ **I have agreed to receive a call from the Quitline**

....

Patient's signature Date

Where I'm at with quitting:

Hints for timing your call

My planned quit day is: ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸

Day ..... Date .....

organise for Quit to call before your quit day; if not possible, choose the actual quit day or the day after

OR ☐ **I have already quit** ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸

organise for Quit to call in the next 2–3 working days

OR ☐ **I don't have a quit day** ▸▸ ▸▸ ▸▸ ▸▸ ▸▸ ▸▸

organise for Quit to call in the next 2–3 working days

Please call me: *(use the hint next to the option you chose above to help you set your call time)*

Please call me on: Day ..... Date .....

Best time to call: *(weekdays only)* ☐ AM (9am–1) ☐ PM (1–5pm) ☐ EVE (5–8pm)

Phone number: Home ..... Work .....

Mobile .....

Messages from Quit may be left: *(please tick box)* ☐ OK to leave messages ☐ Do NOT leave messages

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6/08

VicHealth OFFICIAL SUPPORTER

Quit Victoria

For use by Quitline staff:

A call has been organised for ☐ AM ☐ PM ☐ EVE Date .....