

To: Quitline (Victoria) Fax: (03) 9514 6801

Referrer details * Title: * First name: * Last name:

* mandatory fields * Position: * Organisation:

* Postcode:

* Phone: * Email:

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) 9514 6801. You may not copy, distribute, take any action on, or disclose any details of the information in this fax to any other person or organisation.

Patient information – confidential

* mandatory fields * Title: * First name: * Last name:

* Date of birth: * Postcode:

* Preferred phone no: Secondary no:

What is the best time for the Quitline to call? Any time AM PM Evening

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

Please note: We will attempt to contact you within your requested time block however this may not always be possible.

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

Yes No Unknown

Does your patient have a mental health condition?

Yes No

Please note: The interaction of chemicals in cigarettes and some medications (e.g. insulin, some anti-depressants/anti-psychotic) and the interplay between the chemicals and some symptoms can mean some smokers need monitoring of drug levels and symptoms by their GP through the quitting process.

Health professionals are monitoring the above: Yes No

Please note: By submitting this referral you acknowledge that your patient has consented to this information being disclosed.