



Multicultural Referral Form (Community Worker)

Please send completed referral form to Quitline Victoria

Email: quitline@cancervic.org.au Fax: 03 9514 6802 Address: 615 St Kilda Rd Melbourne VIC 3004

Referred by: Name: Date:
Organisation:
Phone number: Fax number:
Email:
If sending more than one Referral Form at a time, please indicate how many:

Your privacy – Cancer Council Victoria will endeavour to handle your personal information in accordance with our Privacy Policy and the Australian Privacy Principles. Please refer to Cancer Council Victoria's [Privacy Statement](#) for more information.

Privacy warning — The information in this referral form is confidential and only intended for the Quitline. If you have received this in error please resend to quitline@cancervic.org.au or fax to 03 9514 6802. You must not copy, distribute, take any action on, or disclose any details of the information in this referral form to any other person or organisation.

Client's details: Name: Gender: Male Female

I have agreed to receive a call from Quitline

Client's signature Date

Interpreter required: No Yes Language:

When to call: Please call me on: Day Date
Best time to call: AM (9am – 1pm) PM (1 – 5pm) EVE (5 – 8pm)
(weekdays only)
Phone number: Home Work
Mobile
Messages from Quit may be left: Ok to leave message Do NOT leave messages
(please tick box)

Comments:
(e.g. special issues, concerns)

Please note — the interaction of chemicals in cigarettes and some medications (e.g. 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.

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For use by Quitline staff:
A call has been organised for AM PM EVE Date