



Multicultural Group Referral Form

Referred by: Name:
 Contact telephone:
 Date:

Please send completed referral form to:
 Email: diversity@cancervic.org.au
 Fax: 03 9514 6804
 Address: 615 St Kilda Rd Melbourne VIC 3004

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 diversity@cancervic.org.au or fax to 03 9514 6804. 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.

Client's details:

Name	Phone Number	Gender Male/Female	Interpreter Required Yes/No	Language	Best time to call			Messages from Quit may be left: Yes/No	I have agreed to receive a call from the Quitline (Signature required)	
					Day/Date	Time				
						AM 9-1pm	PM 1-5pm			EVE 5-8pm

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.



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

This referral form is available to download from Quit website at www.quit.org.au/multicultural