

Fax Referral Sheet

| То: | Quitline (Victoria) | Fax: (03) 9514 6801 |
|----------------------------|-----------------------------|---|
| | | |
| Patient information | on – confidential | |
| * mandatory fields | *First name: | *Last name: |
| | *Preferred phone no | |
| | Does the patient ide | ntify as being Aboriginal or Torres Strait Islander? |
| | Yes No | Unknown |
| | What is the best time | to call? |
| | Morning | Midday Afternoon |
| | Is it OK for the Quitlin | ne to leave a message? |
| | Yes No | |
| Please note: We will attem | pt to contact you within yo | ur requested time block, however this may not always be possible. |
| Referrer details | *First name: | *Last name: |
| * mandatory fields | *Organisation: | |
| | *Email: | |
| | *Phone: | |

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Fax Referral Sheet

Referrer Details (cont'd)

Please select the most appropriate setting

| Sector | Setting |
|----------------------------|---|
| Aboriginal organisation | Aboriginal health worker |
| | Eye health professional |
| | General or nurse practitioner |
| | Health promotion worker |
| | Koori maternity worker |
| | Nurse |
| | Oral health professional |
| | Pharmacist |
| | Psychologist/counsellor |
| | Tackling indigenous smoking worker |
| | Other allied health |
| Alcohol and other drugs | Care and recovery coordination |
| | Counselling |
| | Intake |
| | Needle and syringe program |
| | Peer support |
| | Therapeutic rehabilitation |
| | Withdrawal |
| Mental | Acute community |
| health | Acute inpatient |
| | Mental health community support service |
| | Specialist mental health |
| | Subacute community |
| | Subacute residential |

| Sector | Setting |
|-----------------------|----------------------------------|
| Hospital/health | Cardiology |
| service | Emergency |
| | Eye health professional |
| | Maternity |
| | Mental health |
| | Oncology |
| | Pharmacy |
| | Rehabilitation |
| | Respiratory |
| | Surgery |
| | Other |
| Primary and | Community pharmacist |
| community health | Eye health professional |
| | General or nurse practitioner |
| | Maternal and child health |
| | Nurse |
| | Oral health professional |
| | Psychologist/counsellor |
| | Other allied health |
| ocial and | Aged care |
| community services | Disability service |
| | Family violence service |
| | Financial advice/counselling |
| | Gambling support |
| | Housing/homelessness |
| | Prisoner/former prisoner support |
| | Youth services |
| | Other |

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.

Please Note:

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







