

To: Quitline (Victoria)

Fax: 1800 931 739

Patient information – *confidential*

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

***Preferred phone no:**

Does the patient identify 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 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.

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

** mandatory fields* ***Organisation:**

***Email:**

***Phone:**

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 health	Acute community
	Acute inpatient
	Mental health community support service
	Specialist mental health
	Subacute community
	Subacute residential

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

Privacy warning:

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Please Note:

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