



Fax Referral Sheet

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

ACT does not currently accept online or fax referrals. Please call 13 7848 to refer your patient.

Patient information – confidential

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

*Preferred phone no:

Date of birth: Postcode:

Email:

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

Yes No Unknown

Interpreter required?

Yes No

If yes, which language:

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

Referrer details *First name: *Last name:

** mandatory fields* *Organisation:

*Email:

*Work Phone:

*Fax:



Referrer Details (cont'd)

Please select the most appropriate setting

Sector	Setting
Aboriginal organisation	Aboriginal health worker
	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
	Maternity
	Mental health
	Oncology
	Pharmacy
	Rehabilitation
	Respiratory
	Surgery
	Other
Primary and community health	Community pharmacist
	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: 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: Due to privacy processes, we can only provide feedback in relation to client information if a fax number is provided.

By submitting this form, you confirm that:

- Your patient has given consent for you to share their personal information with Quitline; and
- Your patient consents to Quitline providing you with personal information about the treatment provided to them.
- You consent to sharing your personal information for the purposes of this referral.

For more information, please see our Privacy Policy at www.quit.org.au/privacy-policy.