

Information collected by the Quitline will be treated **confidentially** and will not be released to other entities unless required by law.

Client/patient details								
Surname:		Given names:		Sex: M F I				
Address: <i>(please include suburb)</i>			Postcode:		Date of birth: / /			
Phone Number: Mobile Home Work		Email:						
Preferred days to call:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred time to call: <i>(please indicate one only)</i>		8:30am - 1pm	1pm - 5:30pm	5:30pm - 8:30pm	Anytime between 8am - 8:30pm			
Is it OK to leave message?		Yes	No					
Health issues:			Aboriginal and Torres Strait Islander origin: <i>(please indicate one only)</i>					
Diabetes Type 1		Pregnancy		Aboriginal and Torres Strait Islander		Not stated / Unknown		
Diabetes Type 2		Breastfeeding		Aboriginal but not Torres Strait Islander		Neither		
Heart Disease		Anxiety		Torres Strait Islander but not Aboriginal				
Respiratory Disease		Depression		Would the client like to speak to an Aboriginal and/or Torres Strait Islander staff member?				
Other details:		Epilepsy		Yes		No		
Have you prescribed smoking cessation pharmacotherapy?			Nicotine replacement Therapy		Bupropion		Varenicline	
Other details:								
Referrer details <i>(This section must be completed)</i>								
Name:		Profession:			Setting:			
Organisation:		Doctor			General Practice			
Postal Address:		Nurse			Hospital			
Post code:		Allied Health			Pharmacy			
Phone number:		Dental Practitioner			Dental Practice			
Email:		Optometrist			Indigenous Health Service			
		Pharmacist			Mental Health Service			
		Health Worker			Alcohol and Drug Service			
		Other			Community Service			
					Community Controlled			
					Aboriginal Medical Service			
					Antenatal service			
					Other			
Complete this section if referring from a Queensland Health facility								
Hospital and Health Service:								
I acknowledge that I have informed my client of this referral to the Quitline service and my client has provided consent. Agree								
Date: / /								

Clear form

Return completed form to Quitline
 Email: 13QUIT@health.qld.gov.au Fax: (07) 3259 8217

Email form

Print form

Save form