Quitline 13 7848

Referral Form

Queensland Government

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

Client details

Surname:

Given names:

Sex: ☐ M ☐ F ☐ I

Address: *(please include suburb)*

Postcode:

Date of birth: / /

Phone Number/s:

Mobile:

Home/Work:

IMPORTANT INFORMATION FOR CLIENT: Calls from Quitline will appear as an UNKNOWN number.

Is it OK to leave message? ☐ Yes ☐ No

Preferred day to call: Any day ☐ Weekday ☐ Weekend ☐ *Note: 'evening' not available on weekends*

Preferred time/s to call: Any time ☐ Morning ☐ Afternoon ☐ Evening ☐

Email:

Is a translator required? ☐ Yes ☐ No

If yes - please specify a language:

Aboriginal and Torres Strait Islander origin: *(please indicate one only)*

☐ Aboriginal and Torres Strait Islander
☐ Aboriginal but not Torres Strait Islander
☐ Torres Strait Islander but not Aboriginal
☐ Not stated / Unknown
☐ Neither

Is the client pregnant? ☐ Yes ☐ No

Other details:

Would the client like to speak to an Aboriginal and/or Torres Strait Islander staff member? ☐ Yes ☐ No

Referrer details (this section must be completed)

I acknowledge that I have informed my client of this referral to the Quitline service and my client has provided consent.

Agree: ☐ Date: / /

Name:

Organisation:

Address:

Suburb:

Postcode:

Phone:

Profession:

☐ Doctor
☐ Nurse
☐ Allied Health
☐ Dental Practitioner
☐ Optometrist
☐ Pharmacist
☐ Health Worker

Other:

Setting:

☐ General Practice
☐ Hospital
☐ Pharmacy
☐ Dental Practice
☐ Indigenous Health Service
☐ Mental Health Service
☐ Alcohol and Drug Service
☐ Community Service
☐ Communtiy Controlled Aboriginal Medical Service
☐ Antenatal service

Other:

Complete this section if referring from a Queensland Health facility

Hospital and Health Service:

Email:

For more information or copies of this form visit: **https://www.health.qld.gov.au/public-health/topics/atod/quitline-hp-referral-form**

Clear form

Return completed form to Quitline

Email: **13QUIT@health.qld.gov.au** Fax: **(07) 3259 8217**

Email form *Print form* *Save form*