

# Smoking Cessation Referral Form

Last update June 2016

For use by health professionals to refer patients to Quitline

## Fax Numbers:

ACT & NSW (02) 9698 2740 NT (07) 3837 5914 Qld (07) 3259 8217 SA (08) 8291 4280 Tas (03) 6242 8111 Vic (03) 9514 6804 WA (08) 8291 4280

## Referrer Details

From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Health Professional: ☐ General practitioner ☐ Dentist ☐ Pharmacist ☐ Nurse ☐ Mental health worker ☐ Aboriginal health worker

☐ Other (please specify) \_\_\_\_\_

Privacy Warning: The information contained in this fax message is intended for Quitline Staff only. If you are not the intended recipient you must not copy, distribute, take any action reliant on, or disclose any details of the information in this fax to any other person or organisation.

## Patient Information – CONFIDENTIAL

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

## Is the patient of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

## What is the best time and day for Quitline to call?

Monday-Friday ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-8pm

## Is it okay for Quitline to leave a message?

☐ Yes ☐ No

## Smoking status

☐ Daily ☐ Weekly ☐ Less than weekly Number per day

## What stage is your patient at with quitting?

☐ Not ready (not currently thinking of quitting) ☐ Unsure (thinking about quitting within 6 months)  
☐ Ready (planning to quit within 1 month) ☐ Recent quitter (within the last year)

## Use of Medication?

☐ Currently using/ planning to use Bupropion Hydrochloride (Zyban®)  
☐ Currently using/ planning to use Varenicline (Champix®)  
☐ Currently using/ planning to use nicotine patches/ gum/ inhaler/ lozenge/ micotab

## What are the patient's health issues relevant to Quitline counsellors?

☐ Heart/lung disease ☐ Respiratory disease ☐ Diabetes ☐ Depression ☐ Anxiety  
☐ Psychosis ☐ Pregnancy ☐ Other – please specify \_\_\_\_\_

## Please note

The interaction of chemicals in cigarettes and some medications e.g. Insulin, some antidepressants / antipsychotics, and the interplay between the chemicals and some symptoms can mean some smokers need monitoring of drug levels and symptoms by their GP through the quitting process.

Health Professional is monitoring the above

☐ Yes  
☐ No

I consent to this information being faxed to Quitline and for Quitline Staff to call me at a time that I have suggested on this form. I understand that persons within the organisation with access to the fax machine, who may not be Quitline staff, might view this form. I understand that in Queensland my telephone calls will be recorded for the purposes of quality monitoring and service improvement.

Health Professional Signature \_\_\_\_\_

Patient's Signature \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## For use by Quitline staff

Quitline Confirmation of Action on Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, your referral for \_\_\_\_\_  
has been received by Quitline on \_\_\_\_/\_\_\_\_/\_\_\_\_, a call back time has been organised for \_\_\_\_/\_\_\_\_/\_\_\_\_.

Referral feedback sent back to \_\_\_\_\_ (referrer / GP name) on \_\_\_\_/\_\_\_\_/\_\_\_\_.

[www.quitnow.info.au](http://www.quitnow.info.au)

The Quitline is answered 24 hours a day. Counselling is available with hours varying dependent on State or Territory. Specialist staff will call your referred patient back at an agreed time within the next week to provide information, support and advice on smoking cessation.