

Smoking Cessation Referral Form

GPs Referral to Quitline

Fax Numbers:

ACT (02) 6262 2223 • NSW (02) 9361 8011 • NT (08) 8922 8403 • Qld (07) 3238 4075 • SA (08) 8291 4280
Tas (03) 6228 4149 • Vic (03) 9635 5520 • WA (08) 9222 2088

From: Dr _____

Address: _____

Phone: _____

Fax: _____

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.

Confidential

Patient's Name _____ D.O.B _____

Patient's preferred phone no. (h) _____ (w) _____ (m) _____

What is the best time & day for Quitline to call? Monday – Friday 9am – 1pm 1pm – 5pm 5pm – 8 pm
Is it okay for Quit 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 nicotine patches/gum/inhaler/lozenge

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

Heart/lung disease Respiratory disease Diabetes Depression Anxiety
 Pregnancy Other – please specify _____

Please note

The interaction of chemicals in cigarettes and some medications eg. 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.

GP is monitoring the above

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.

GP's 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 ____/____/____



To obtain further copies of this form either photocopy or download form from www.quitnow.info.au