Smoking Cessation Referral Form

Last update December 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) 6169 1941 **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)
☐ Ready (planning to quit within 1 month)
☐ Unsure (thinking about quitting within 6 months)
☐ 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

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.