

# Smoking Cessation Referral Form

Last update May 2009

## GPs Referral to Quitline

### Fax Numbers:

ACT & NSW (02) 9361 8011 NT (07) 3837 5914 Qld (07) 3259 8217 SA (08) 8291 4280 Tas (03) 6228 4149

Vic (03) 9635 5520 WA (08) 9442 5020

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. I understand that in Queensland my telephone calls will be recorded for the purposes of quality monitoring and service improvement.

\_\_\_\_\_  
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 \_\_/\_\_/\_\_

# Quit 131 848

[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