

# REFERRAL TO THE... 12 WEEK QUITLINE PROGRAM

Name: Mr / Mrs / Ms \_\_\_\_\_

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

P/Code:

Ph: hm \_\_\_\_\_ wk \_\_\_\_\_ mob \_\_\_\_\_

(Only provide telephone numbers likely to get you at time of requested call)

Date of birth: ..... / ..... / ..... Are you of Aboriginal or Torres Strait Island origin?  YES  NO

## PLEASE INDICATE A SPECIFIC TIME FOR YOUR FIRST CALL (allow up to 30 mins)

Day: \_\_\_\_\_ Date: ...../...../..... Time:  8.30am - 1pm Mon to Fri

(\* duplicate information on REMINDER slip below!)

1pm - 5pm Mon to Fri

5pm - 8pm Mon to Fri

2pm - 5pm Sat/Sun & P/holidays

### IN COMPLIANCE WITH THE 2001 PRIVACY BILL, QUIT SA IS REQUIRED TO ASK THE FOLLOWING QUESTIONS:

(Confidentiality is assured and information will only be used to assist you in quitting smoking.)

Can Quitline send reports to your referring health care provider informing of your quitting progress?...  YES  NO

May our evaluation unit ring you for quality control purposes? .....  YES  NO

I consent to the Quitline to call me as arranged and to record notes about quitting on the database:

Sign here .....

## REFERRED BY:

General Practitioner  Dentist  Pharmacist  Nurse  Mental Health Worker

Aboriginal Health Worker  Other (please specify) .....

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

~ PLEASE **FAX** THIS REFERRAL TO QUITLINE - **8291 4280**. ~



Give lower portion to client.

## What is the Quitline?

The **Quitline 13 7848** is a free, confidential, expert advisory service with a proven record of success in helping smokers quit. The 12 week Quitline program provides a schedule of calls to people who have made the decision to quit. Once part of the program, we will contact you by phone to arrange convenient times to help you through your quitting. You are free to withdraw from the program at any time.

The support you need to give up smoking forever.

## REMINDER!

Quitline will call on: ..... / ..... / .....

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5pm - 8pm Mon to Fri

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