



Quitline Quick Fax Referral

Date: _____

Fill in as much detail as you can.
Circle or tick where appropriate.

To: **QUITLINE** Fax No: **9635 5520**; Telephone #: **131 848**

This referral is from a paediatrician, Dr _____

Fax #: _____

The following, a parent of a paediatric patient would like to receive a call from the Quitline.

Name: _____ Gender: Female Male

Planned quit day:

Date: _____; or They don't have a quit day; or They have quit already

Where they're at

Planning to quit

Unsure about quitting

Already quit

Please organise for Quit to call:

Before the quit day. If not possible choose the quit day or the day after.

In the next seven days

In the next 2-3 days

Best to call: Day _____ Date: _____ Time: (9am-1) / (1-5pm) / (5-8pm)

Phone number: H: _____ W: _____ Mob: _____

Answering machine Messages from Quit: OK to leave messages

Do NOT leave messages