

# Referral Form



Date \_\_\_\_\_

To Quitline (Tasmania)

Fax Number 03 6169 1941

Email [quitline@quittas.org.au](mailto:quitline@quittas.org.au)

## Referrer Details

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Client Details

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone No \_\_\_\_\_ Year of Birth \_\_\_\_\_

Client Signature \_\_\_\_\_

Do you have any health issues that Quitline Counsellors need to be aware of?

Example: pregnancy, respiratory disease, mental health issues etc

Please specify \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Interpreter required? If so, what language? \_\_\_\_\_

This service is provided by the Translating and Interpreter Service (TIS National)

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To order additional forms please contact Quit Tasmania on 03 61691943 or download from the Quit Tasmania website ([www.quittas.org.au](http://www.quittas.org.au))