



## Referral form

Quitline support can double their chance of quitting.

- Email this completed form to [quitline@quitlinewa.org.au](mailto:quitline@quitlinewa.org.au)
- Fax this completed form to 1800 931 739

### Client information

First name ..... Last name .....

Preferred contact number ..... Postcode .....

Is the client?  Male  Female  Unspecified

Does the person identify as Aboriginal or Torres Strait Islander?

Yes  No  Unknown

Is an interpreter required?  Yes  No Language spoken .....

Is this a family referral?  Yes  No

When is the best time to call?\*

Weekday: Morning  Afternoon  Evening  Saturday (afternoon only):

Is it okay to leave a message?  Yes  No

\* Quitline will attempt to call during the preferred time block, but this may not always be possible.

### Referrer information

First name ..... Last name .....

Position ..... Telephone .....

Email .....

Organisation .....

With your client's consent, Quitline can send a report directly to you informing of their quitting progress. Is this okay with them?  Yes  No

**By submitting this referral, you acknowledge that your client has consented to this information being disclosed to Quitline.**

**Privacy warning:** This information is intended for Quitline only. If you are not the intended recipient you must not copy, distribute, take any action or disclose any of the information on this form to any other person or organisation.

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