



QUITLINE REFERRAL FORMS
To reorder call 1800 888 564

Procedure to refer a patient/client to the NT Quitline

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|---------------|---|
| Step 1 | Ask all patients/clients:
"Do you smoke tobacco?" |
| Step 2 | Ask all smokers the question:
"Have you thought about Quitting?" |
| Step 3 | Regardless of the answer, ask all smokers the question:
"Would you like some help to Quit smoking?" |
| Step 4 | To all those who agree that they would like help to quit smoking :
explain that the NT Quitline has a free confidential callback service and the expert counselors can telephone on a day and time to suit your patient/client. |
| Step 5 | Assist the patient/client to fill out the fax referral form , make sure they have read the Privacy and consent information at the top and bottom of the form, and have signed the form. |
| Step 6 | Fax the form directly to the NT Quitline Fax: (07) 3837 5914. |
| Step 7 | Attach the referral form to the patient/client record. |

IMPORTANT – Complete staff contact details on the faxback form.

Please note

A NT Quitline counsellor will call the patient/client during the selected time period to provide information, support and advice on smoking cessation.

A counsellor will be available 24 hours a day, 7 days a week.

For further information about training opportunities or to obtain an electronic version of this form contact the NT Tobacco Hotline on 1800 888 564



Northern Territory Government
Department of Health and Community Services



Referral to NT Quitline 13 QUIT / 137 848

Fax to: (07) 3837 5914

(If you receive this fax by mistake, please re-fax to above number)

CONFIDENTIAL – 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.

To refer a patient or client to the NT Quitline for help with smoking cessation, please fill in the following details:

Staff contact details (please print)

Referring health professional's name: _____

Agency: _____

Contact Number: _____ Fax Number: _____

Signature: _____

Patient/client contact details (please print)

Patient/client name: _____

Patient/client preferred phone numbers:

(h) _____ (w) _____ (m) _____

Is it okay for Quitline to leave a message? (please circle) **Yes** **No**

Preferred date for first call: _____

Preferred day's of the week (please circle) **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Preferred time of day (please circle) **Morning** **Afternoon** **Evening**

I consent to this information being faxed to the Quitline and for the Quitline 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 a Quitline counsellor, may view this form. I also give consent for the Quitline to contact me at a later date to evaluate the usefulness of the Quitline proactive telephone service to patients/clients.

Patient/client signature: _____ Date: ____/____/____

In response to this fax referral, specialist Quitline staff will call the patient/client as close as possible to the indicated time to provide information, support and advice on smoking cessation.

For use by Quitline Staff

Date Referral received: _____ Client accepted opportunity to participate in ongoing callback Program **Yes** **No**

Callback completed: _____