

Pregnancy Quitline 137 848

Referral Form



Pregnant / Postnatal Woman

Name: _____

Address: _____

P/code: _____

Phone: (Hm) _____ (Wk) _____

(Mobile) _____

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

Where I am at with quitting:

- Planning to quit** - Quitline to call before your quit day
- my quit date is / /
- Already quit** - Quitline to call in the next 2-3 working days
- Unsure about quitting** - Quitline to call in the next 2-3 working days

WHEN WOULD YOU LIKE YOUR FIRST CALL

(allow up to 30 minutes)

- Time:** 9 am - 1 pm, Mon to Fri
 1 pm - 5 pm, Mon to Fri
 5 pm - 7 pm, Mon to Fri

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

(client sign here):

In compliance with the 2001 Privacy Bill, Quit Tasmania is required to ask the following questions:

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

May our evaluation unit ring you for quality control purposes? *(please circle)*

Yes

No

Referred by:

Organisation/Health Service:

Date: / /

Partner

Name: _____

Address: _____

P/code: _____

Phone: (Hm) _____ (Wk) _____

(Mobile) _____

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Date: / /

Please fax this referral to Quit Tasmania: fax 6228 4149

Pregnancy Quitline Administration: phone 6228 2921