Quitline Tasmania Referral Form

quittas.org.au

Return this completed form via:

- **Fax**: 03 6223 1944
- **Email**: quitline@quittas.org.au
- **HealthLink Identifier/EDI:** quittasx

or access the QuitTas website to submit an online **referral form**

Referrer Details (*mandatory fields)

*Name (please print) _____

*Position and Organisation _____

*Phone _____ *Fax _____

*Email _____

Client Details (*mandatory fields)

*Name (please print) _____

*Preferred Phone No. _____

*Postcode _____

*Date of Birth _____

***Aboriginal and/or Torres Strait Islander status**	No	Yes	Prefer not to answer	Unknown
***Requirement for Interpreter**	No	Yes	If yes, which language	
***Preferred time to call**	Any	8am-12pm	12-4pm	4-8pm

Notes:

Please list any health concerns, e.g., asthma, diabetes, pregnancy, mental health condition, etc.

_____

_____

_____

_____

Prescriber endorsement for client to receive Free NRT - patches+/- oral product (please circle): Yes No

Privacy is important to us and we treat your information with respect, integrity and honesty in keeping with our core values and as governed by the Privacy Act. Personal information is only collected as necessary for agreed Quit programs or activities. Our full Privacy Policy may be accessed here Privacy Policy | Cancer Council Australia

August 2026