

# Quitline Tasmania Referral Form



Fax this completed form to: **03 6223 1944** or use the [online referral form](#)

[quittas.org.au](http://quittas.org.au)

HealthLink Identifier/EDI: **quittasx**

## Referrer Details

Name \_\_\_\_\_

Organisation \_\_\_\_\_

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

Email \_\_\_\_\_

## Client Details

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

Preferred Phone No. \_\_\_\_\_

## Notes:

*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 <http://www.cancertas.org.au/privacy-statement/>*