

# Tasmanian Quitline Referral Form



Fax this completed form to: 03 6169 1941 or use the [online referral form](#)  
HealthLink Identifier/EDI: **quittasx**

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

## Referrer Details

Name \_\_\_\_\_

Organisation \_\_\_\_\_

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

Email \_\_\_\_\_

## Client Details

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

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

## Notes: