



Referral Form

FREE Nicotine Replacement Therapy via the Quitline

PRINT AND FAX TO: 03 6223 1944

OR

COMPLETE ONLINE:



Date

Referred by

(Please print)

Organisation

(Please print)

Phone

Fax

Email

Client / Patient Details

Available to those
who are:
(tick those
applicable)

- ☐ Youth (12-25 years old)
☐ Aboriginal and Torres Strait Islander
☐ Pregnant and/or their partner

Name

(please print)

Phone

Year of Birth

Gender

Smoking/vaping status

- ☐ Smoking
☐ Vaping
☐ Dual use

Privacy policy: 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 <https://www.quititas.org.au/privacy-statement/>

Consent

☐ I have acknowledged the privacy policy.