

Pathways to Cessation Referral Form

Information collected by Quitline will be treated confidentially and will not be released to other entities unless required by law.

Client details (The sections in this form highlighted in red must be filled in. All other sections are optional).											
Surname:		First name/s:						Date of birth:			
								/	/		
What is your sex?					Do you have a variation of sex characteristics (sometimes called Intersex)?						
Male Female		X, please specify			Yes N	lo	Do not know	Prefer not	to answer		
What is your gender?											
Male	Male Female Non-binary X, please specify			Prefer not to answer							
What pronouns	do you use?										
He/Him She/Her		They/Them	Prefer not to answer	О	Other pronouns, please specify						
Address:											
(please include suburb)									Postcode:		
Phone Numbe	r/s:							Is it OK to le	eave messa	ge?	
Mobile:		Home/Work:					-				
IMPORTANT: Calls from Quitline will appear as an UNKNOWN number. Yes No											
Preferred day to call:		Any day Weekday \			Weekend Note: 'evening' not available on weekends						
Preferred time/	s to call:	Any time	Morning	Aft	ernoon	Even	ing				
Email:						Aboriginal and Torres Strait Islander origin: (please indicate one only)					
					Aborigin	orres Strait Isla	nder	der Not stated / Unknown			
Is a translator required?		If yes - please specify a language:			Aboriginal but not Torres Strait Islander Neither						
Yes	No				Torres St	trait Islaı	nder but not Al	ooriginal			
Are you pregnant?		Other details: (e.g. Relay Service)			Would you	like to s	oeak to an Abor	riginal			
Yes	No				•	es Strait	islander Teleph	-	Yes	No	
Are you a parent, caregiver or sibling of a student enrolled in a Queensland State Secondary School? Yes No											
Secondary Sch			School Postcode								

Terms of Participation

- 1. Program participants are eligible to one 12 week course of Nicotine Replacement Therapy (NRT). A clinical assessment for the provision of NRT will be undertaken during first contact with Quitline. The participant agrees NRT will be used only as directed and will not be shared with another person.
- 2. Quitline will attempt to contact participants during their requested time. If contact is unsuccessful, Quitline will leave a message unless indicated above.
- 3. Participation in the program is voluntary. Participants can leave the program at any time. The program is provided at NO COST to the participant.

Privacy notice

Personal information, including sensitive information, collected by the Department of Health is handled in accordance with the Information Privacy Act 2009. The purpose of this form is so that patients may be referred to the Quitline service for information, advice and assistance. All personal information will be securely stored and only accessible by authorised officers of the department. Demographical information, such as gender, age group, suburb and cultural background may be used for our statistics, but will not include any identifiable information. Personal information will not be disclosed to third parties without consent, unless required or authorised by law.

Clear form Return completed form to Quitline
Email: 13QUIT@health.qld.gov.au Fax: (07) 3259 8217

Email form Print form Save form