



Patient details:

Name Address:
DOB:
UR:
Phone number:

1. Indication for referral

- Peri-operative risk assessment
 CPEXtest
 ECG
 Anaesthetic consult
 Preoperative optimisation
 Dietitian
 Exercise physiologist
 Rehabilitation

- Dr Pierre Kotze
Specialist Anaesthetist
MbChB FANZCA
Ms Amy Morze
APD Dietitian-Nutritionist
BHlthSc(Nutrition), MDietSt
Ms Renee Bloomfield
Accredited Exercise Physiologist
B.ClinExPhys
Pilates instructor

2. Clinical details

Primary diagnosis
Proposed surgery:.....
Proposed date:.....
 TBA

Referrer's details:
(place stamp if available)
Name:
Provider number:.....
Practice name:.....
Phone:.....
Email :.....
Fax:.....
Signature:.....
Date:.....

3. What is the relevant background?
Please attach copy of the clinic notes for medical and pharmacological background.

Medical and surgical:
Drugs.....

4. Is your patient eligible for a refund?

- GP care plan DVA
 Private health Other

Thank you for your referral

Fax to 07 3319 6314
See back for clinic details



Contact details:

Ph: 1300 911 489
 Fax: 07 3319 6314

email: admin@cpexbrisbane.org
www.CPEXBrisbane.com

Locations:

South Brisbane:

Level 4 Salmon Building, Mater Hospital
 Raymond Terrace
 South Brisbane, QLD
 4102

Access information:

<http://www.mater.org.au/Home/Locations>

North Brisbane

St Andrews War Memorial Hospital
 Specialist suite 3, Level 6
 457 Wickham Terrace
 Spring Hill, QLD 4000

Access information:

<http://standreshospital.com.au/patients-and-visitors/visit-the-hospital>



Directions: Take the Salmon building lift to the 4th floor and turn right.

Directions: Take the lift in the main foyer (Yellow block) to the 6th floor turn right and then left down the corridor.