

Cardiopulmonary exercise stress test referral



Cardiopulmonary **E**xercise stress test

Patient details:

Name
DOB:
UR:
Phone number:

Address:
.....
.....

1. Indication for referral

- Diagnostic**
 - New
 - To Confirm
 - To exclude
 - Track progress**
 - Assess fitness to work**
 - Insurance or legal claims**
 - Other**
- Allied health review required?
 - Exercise physiologist
 - Dietitian

Dr Pierre Kotze

- Specialist Anaesthetist
- MbChB FANZCA

2. Clinical details

Primary diagnosis or symptoms:
.....
.....

Referrer's details:

(place stamp if available)

Name:
.....
Provider number:.....
Practice name:.....
.....
Phone:.....
Email :.....
.....
Fax:.....

3. What is the relevant background?

Please attach copy of the clinic notes for medical and pharmacological background.

Medical and surgical:
.....
Drugs.....
.....

4. How urgent is the result?

- ASAP
- Elective
- Next available
- After specific date.....

Signature:.....
Date:.....

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.