Oncology focussed allied health prog	
SURVIVOR Name	
1.What is the cancer diagnosis? Type: Grade	Ms Amy Morze • APD Dietitian-Nutritionist • BHlthSc(Nutrition), MDietSt
2. Oncology treatment? Type: Duration of program: Progression in program: Weekly treatment schedule:	Ms Renee Bloomfield Accredited Exercise Physiologist B.ClinExPhys Pilates instructor
3. Complications of treatment:	Referrer's details: (place stamp if available) Name:
□ Peripheral neuropathy □ Skin breakdown □ Anaemia □ Cardiomyopathy □ Other:	Providor number: Practice name: Phone:
4. What is the relevant background?	Email :
Please attach copy of the clinic notes for medical and pharmacological background.	Fax:
Medical/Surgical Drugs Other:	Signature:
5. Is your patient eligible for a refund?	Date:
□ GP care plan □ DVA □ Private health □ Other	
Thank you for the referral 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:

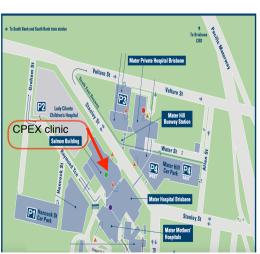
http://www.mater.org.au/Home/Locations

North Brisbane

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

Access information:

http://standrewshospital.com.au/ patients-and-visitors/visit-thehospital





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