



**DEPARTMENT OF NEUROSURGERY**  
Princess Alexandra Hospital

**SPINAL REFERRAL FORM**

**DATE:**

**CHAIRMAN**

*Assoc Prof Michael Weidmann*

**STAFF SPECIALISTS**

*Dr Sarah Olson*

**VISITING CONSULTANTS**

*Assoc Prof Michael Weidmann*

*Dr Robert Campbell*

*Dr Ross Gurgo*

*Dr Michael Redmond*

*Dr Jefferson Webster*

*Dr Martin Wood*

**EMERITUS**

*Assoc Prof Leigh Atkinson*

**WARD 2C Nurse Unit Manager**

*Natalie Moulds*

**SPECIALISING IN:**

Brain Tumours

Vascular Neurosurgery

Spinal Surgery

Pituitary Surgery

Skull Base Surgery

Peripheral Nerve Surgery

Pain Management

Movement Disorder Surgery

Neurological Trauma

**Contact Us:**

**Department**

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**Brain Tumour Clinic**

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Fax: +61-7-3240-2670

**Pituitary Clinic**

☎ +61-7-3240-2834

Fax: +61-7-3240-5665

**General Outpatient Appointments**

☎ +61-7-3240-2687 or

☎ +61-7-3240-5630

Fax: +61-7-3240-7474

**Specialised Spinal**

**Physiotherapy Clinic**

☎ +61-7-3240-2120

Fax: +61-7-3240-5759

**Ward 2C Reception**

☎ +61-7-3240-2137

Fax: +61-7-3240-5148

For deaf and hearing impaired:

TTY: +61-7-3240-7737

<b>Patient's Name:</b>			
<b>Address:</b>			
<b>DOB:</b>	<b>Interpreter: Yes / No</b>	<b>Male / Female</b>	
<b>Ph Home:</b>	<b>Wk:</b>	<b>Mob:</b>	
<b>Region (Please Circle)</b>			
Cervical	Lumbar	Thoracic	
<b>History (Length of Time)</b>			
<b>Axial Pain (Please Circle)</b>			
None	Mild	Moderate	Severe
<b>Radicular Pain</b>			
None	Mild	Moderate	Severe
<b>Bilateral Pain (Lumbar Spine Only)</b>			
Yes	No		
<b>Myelopathy (Cervicothoracic Spine Only)</b>			
Yes	No		
<b>Weakness</b>			
Yes (please describe)			
No			
<b>Sensory Level</b>		<b>Bladder Disturbance</b>	
Yes	No	Yes	No
<b>Night Pain Suggestive of Malignancy</b>		<b>Fevers</b>	
Yes	No	Yes	No
<b>Is there a history of Malignancy, Trauma, Instability, Anticoagulant use</b>			
Yes (Please describe)			
No			
<b>CT Results (Please Include Report)</b>			
<b>Referring Doctor (Name, Address &amp; Provider No):</b>			
<b>Signature:</b>			