



WELLINGTON

# WellSleep

UNIVERSITY OF OTAGO, WELLINGTON SLEEP INVESTIGATION CENTRE  
Bowen Hospital | Churchill Drive | Crofton Downs | Wellington  
Tel 04 920 8819 | Fax 04 920 8861 | Email wellsleep@otago.ac.nz

## ADMISSION FORM

### IMPORTANT!

Please deliver, post, fax or email this form before your admission together with the Health Questionnaire and Consent form to:

WellSleep Fax: (04) 9208861  
c/- Bowen Hospital Email: wellsleep@otago.ac.nz  
98 Churchill Drive  
Crofton Downs  
Wellington 6035 (stamped self addressed envelope provided)

If this is not possible please make sure you bring the forms with you when you arrive for admission, if you faxed or emailed the forms to us, please bring the originals with you

Admission date:

Personal Details (patient to complete and return before study)		PLEASE RETURN URGENTLY	
Name			
Mr/Ms/Mrs/Miss/Dr			
	Surname	Given Names	NHI
Next of kin/contact person during my hospital stay			
Mr/Ms/Mrs/Mss/Dr			
Relationship to patient			
Address			
Telephone			
	Home	Work	Mobile
Patient's GP:			
Name:			
Clinic Name/Address:			

Dietary needs			
	YES	No	COMMENTS
Do you require a special diet?			