UNIVERSITY OF OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND
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

Health Questionnaire

Personal Details (patient to complete and return before study) PLEASE RETURN URGENTLY			
Name			
	Surname	Given Names	
Date of Birth		Telephone	
Email Address			
Referring Clinician			
Date of Study		Procedure	

If you are not filling out this questionnaire for yourself please state the reason why: eg Parent of a child:

Do you have or have you ever had?	**Yes**	**No**	**COMMENTS**
High Blood pressure			
Chest pain/Tightness or Angina			
Palpitations or irregular heart beat			
Heart pacemaker			
Other heart problems			
Asthma			
Other lung problems			
Diabetes			
Jaundice Hepatitis Type A B C (please circle)			
Kidney problems			
Previous clots in legs or lungs (please circle)			
Blackouts or fainting			
Epilepsy			
Arthritis			
Jaw, neck or back problems			
Treatment for cancer			
Stroke or TIA			
Muscle or nerve damage			

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Health Questionnaire

How many flights of stairs can you climb without getting out of breath?				
One	Two	Three or more		
My activity is restricted by:	Shortness of breath	Chest pain	Joint pain	Other

Have you been admitted to hospital in the last 6 months?				
If YES what for?			Hospital	Date

Allergies	
List all allergies including reactions to drugs, lotions, sticking plaster, latex and foods:	

Tablets / Medicines / Injections			
Medication	Amount (e.g., 1x ??mg)	How often (e.g., AM+PM)	Additional comments

Please bring all medications you will need while at WellSleep with you