

Melbourne MediSleep Centre

631 Inkerman Road
Caulfield North, VIC
(03) 9504 8400 OR (03) 9504 8283
www.medisleep.com.au

MediSleep



Pre-Admission Questionnaire

Please complete and return this form to Medisleep. Once the completed form has been received you will be contacted to arrange a sleep study.

Name: _____ DOB: _____
Address: _____

Postcode: _____
Phone: _____ Mobile: _____
Next of Kin: _____ Phone: _____

Medicare Number: _____ Expiry: _____
Name of Private Healthcare Fund: _____
Member Number: _____

Referring Doctor: _____ Phone: _____
Address: _____

Postcode: _____
Regular GP: _____ Phone: _____
Address: _____

Postcode: _____

MediSleep is located on the first floor of the building. There is no elevator access to this floor. It is therefore necessary that we assess patients for mobility issues, so alternative arrangements can be made.

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|---|-----|----|
| 1. Do you have any difficulty climbing a flight of stairs unassisted? | YES | NO |
| 2. Do you have any hearing difficulties? | YES | NO |
| 3. Do you have any vision difficulties? | YES | NO |
| 4. Do you have any difficulty understanding verbal and written English? | YES | NO |

If YES, you may wish to ask a friend or family member to accompany you for the introductory session.