

## Te Waiora House Application Form

Te Waiora House 236 Hororata Road, RD2 Darfield 7572  
Phone (03)318 0789 Email: tewaiora@paradise.net.nz

Name ..... Male/Female ..... DOB .....

Address.....

Phone No..... Cell..... Email.....

Next of Kin (to be notified in case of emergency)

Name ..... Phone .....

Address .....

**Alternative support contact person** .....

### To ensure your comfort & safety we need to know the following:

Reason for stay .....

Dates & Length of stay (up to 14 days) .....

Payment: Personal \$70/night..... Carer Support ..... Other.....

Arrival time: (Aprox) AM ..... PM .....

Can you handle stairs ? .....

Do you have any medical or psychiatric conditions? .....

Any recent illnesses, surgery or treatment .....

Any special needs related to age, disability, impaired sight or hearing, diet .....

Please list medication (if any) .....

Do you have any allergies? .....

**In some circumstances we may require a referral note.**

**I understand that confidentiality is assured except where there is serious risk of harm to self or others**

Signature.....Date.....

Please sign and return to: Manager/Chaplain