



Registration Form – 2016

All profits from money raised through the Bristol Therapy Centre go to The West of England MS Therapy Centre to provide therapies and treatments to people living with Multiple Sclerosis and other neurological conditions.

.....
I wish to register for treatment at the Bristol Therapy Centre Ltd.
(in support of The West of England MS Therapy Centre Limited)

Registration Fee: **£30.00**

I wish to pay by cheque / debit card / standing order / invoice (delete as appropriate)
Standing orders can be set up directly with your bank either online or in branch our form is attached for your use.

If you have selected 'invoice' please provide details of where the invoice should be sent

.....
I am happy for my photograph to be taken and used. **Yes/No**
(Please read the attached Photo permission form and sign)

Name:.....

Address:.....

.....

Postcode.....

Tel No:

Please make cheques payable to Bristol Therapy Centre
For office use:

Email:.....

Signature.....

	<i>Date</i>	<i>Staff Initials</i>
<i>Registration received</i>		
<i>Payment received</i>		
<i>Entered on computer</i>		

Date.....

The Bristol Therapy Centre

Using images of adults

Consent form for the West of England MS Therapy Centre Members commissioning photography.

Location of photograph The West of England MS Therapy Centre

The MS Therapy Centre would like to *take your photograph / *make a video/webcam recording of you for promotional purposes. These images may appear in our printed publications, in press releases, on video, on our website, or on all four.* (**Please delete as appropriate.*)

To comply with the Data Protection Act 1998, we need your permission before we take any photographs or recordings of you. Please answer questions 1 to 4 below, then sign and date the form where shown. We will not use the images taken, or any other information you provide, for any other purpose.

*Please circle
your answer*



- | | |
|--|-----------------|
| 1. May we use your image in printed publications produced by The West of England MS Therapy Centre for promotional purposes? | Yes / No |
| 2. May we use your image in press releases, which may subsequently appear in the local or national media? | Yes / No |
| 3. May we use your image on our website? | Yes / No |
| 4. May we record your image on our promotional videos? | Yes / No |

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

Please also note that the conditions for use of these images are on the back of this form.

I have read and understood the conditions of use and have signed the front of the form.

Conditions of use

*This form is valid for *two years from the date of signing / *for this project only. Your consent will automatically expire after this time.*

*We will not re-use any images *after this time / *after the project is completed.*

*We will not include details or full names (which means first name **and** surname) of any person in an image on our website, on video, or in printed publications, without good reason. For example, we may include the full name in a press release or of a competition prize winner if we have their consent. However, we will not include the full name of a model used in promotional literature.*

We will not include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website or in printed publications.

**Please delete the option that does not apply.*

Important information about Oxygen Treatment

Under proper supervision, as is always provided by trained operators at the Therapy Centre, the risks of Oxygen Treatment are very minimal. The most common side effect is ear pain, and users are monitored closely for this.

1. Otic Barotrauma (pain in the ears or sinuses). Some patients may experience pain in their ears or sinuses. If they are not able to equalize their ears or sinuses, the pressurization will be slowed or halted and suitable remedies will be applied. **Please note that, should you be suffering from a cold or other condition affecting your sinuses, you are advised for your own comfort to avoid coming for oxygen treatment until the condition has cleared up. This will also help to ensure that others Centre Members with compromised immune systems are not put at risk.**

2. Serous Otitis. Fluid in the ears sometimes accumulates as a result of breathing high concentrations of oxygen. It may occasionally feel like having a "pillow over the ear." This disappears after hyperbaric treatment ceases and often can be eased with decongestants.

3. Visual Changes (blurring, worsening of near-sightedness [myopia], temporary improvement in far-sightedness [presbyopia]): After 20 or more treatments, especially for those over 40 years old, some patients may experience a change in vision. This is usually temporary and in the majority of patients, vision returns to its pre-treatment level about six weeks after the cessation of therapy. It is not advisable to get a new prescription for glasses or contacts until at least eight weeks after ending Oxygen Treatment.

4. Maturing or Ripening Cataracts: Individuals with cataracts have occasionally had a maturing or ripening of cataracts.

5. Cerebral Air Embolism and Pneumothorax: Whenever there is a rapid change in ambient pressure, there is the possibility of rupture of the lungs with escape of air into the arteries or into the chest cavity outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during decompression. Only slow decompressions are used in Oxygen Treatment to obviate this possibility. It is important for patients to breathe normally during treatment and not hold their breath.

6. Fatigue: Some people may subjectively feel fatigue following treatment, but this is not a consistent finding.

OXYGEN TREATMENT - I have read and understood the information on the potential side-effects of oxygen treatment. I agree to abide by any instructions given by the chamber operator prior to and during treatment, to ensure treatment is safe and comfortable for myself and other members. I have provided information on the medication that I take at the present time and I understand it is my responsibility to inform staff at the Centre when any changes in my medication or condition occur so that my records can be updated accordingly.

Signed:..... Date:

If signing of behalf of the patient please state your relationship to the patient and print your name below:

Print Name: Relationship:

I have interpreted the information above to the patient, to the best of my ability and in a way which I believe he/she can understand.

Signed: Date:

The Bristol Therapy Centre
in support of The West of England MS Therapy Centre

Bradbury House Clinic , Wheatfield Drive,
Bradley Stoke, BS32 9DB
Tel: 01454 20 16 86
email: info@mstherapybristol.org.uk
web: www.mstherapybristol.org.uk
Company Number: 08193674
Charity Number: 801155



STRICTLY CONFIDENTIAL

HEALTHCARE PROFESSIONAL NOTIFICATION FORM

Your client/patient has enquired about accessing treatment at our Centre. We would be most grateful if you could complete the form below and return it to us along with confirmation of their diagnosis and any other information you think we should be made aware of.

I acknowledge that my client/patient has applied to your Centre for **Oxygen Treatment**, and I have provided the relevant information below.

Full name of person seeking treatment:	
D.O.B:	
Contact No:	

Responsible HCP:	
Name of Surgery/Practice/Club:	
Address:	
Contact No:	

<p>Diagnosis/any other information and comments: -</p> <p>Medication(s):</p> <p style="text-align: center;"><i>(If there is not enough room please add an attachment)</i></p>
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Practice/club stamp:

I understand that this note is not a referral and does not indicate an endorsement of the treatments available.

Signature: Date

Print Name:

Please note that should you wish to discuss your patient's suitability for oxygen therapy or discuss the therapy itself in more detail, you can contact our honorary medical advisor Prof. Philip James, Emeritus Professor of Medicine, University of Dundee, Consultant in Hyperbaric Medicine. E-mail: enquiries@hyperbaricoxygentherapy.org.uk or tel: 07918 163910.

N.B. There are over 60 MS Therapy Centres in the UK and Ireland operating on a charitable basis to offer advice, information and a range of therapies to MS sufferers. The first centre was established in 1982 and in excess of 2 million oxygen sessions have been provided without significant incident. This treatment is supported by controlled trials. For more info see www.ms-selfhelp.org

Stephen P Lansdown

Patrons
Kenneth J Edis

The Lord Cope of Berkeley PC

OXYGEN TREATMENT ASSESSMENT FORM



PERSONAL DETAILS

NAME: Mr/Mrs/Ms/Miss _____ DOB: _____

ADDRESS: _____

POSTCODE: _____ CONTACT NO: _____

NEXT OF KIN (Name/Contact No.): _____

DETAILS OF CONDITION: Please include: Name of condition, Date of diagnosis, Symptoms, and any other relevant information

MEDICAL HISTORY: Epliepsy Heart Conditions
(Please tick) Diabetes Circulatory (inc. DVT)
Have you ever been advised not to fly?

Other (please specify): _____

MEDICATION:

NAME/PURPOSE	PURPOSE/DOSAGE (per day)
_____	_____
_____	_____

CONSENT: I give consent for my GP or other Health Care Professional to disclose information about me, relevant to any treatment I may receive at the Bristol Therapy Centre.

I confirm my wish to receive oxygen treatment at your centre. The intended benefits and potential risks of the therapies I wish to receive have been discussed with me.

I am aware that therapy may not benefit all patients and that it is not possible to know in advance if I will benefit. I will however endeavour to observe any rules for therapy laid down for safety and efficiency and attend each session as agreed.

In order to comply with insurance requirements, I confirm I undertake the therapies on offer entirely at my own risk, and I understand that neither I, nor any member of my family, have a claim for any injury received while undergoing or having undergone any of the therapies available at the Centre.

I have provided information on the medication (prescribed and non-prescribed) that I take at the present time and I understand it is my responsibility to inform staff at the Centre when any changes in medication occur so that records can be updated accordingly.

Signed: _____ Date: _____

Print Name: _____