



WEST YORKSHIRE MS THERAPY CENTRE

Unit 3A Olympia Industrial Estate, Gelderd Lane, LEEDS LS12 6AL

TELEPHONE: 0113 263 7375

NAME: DATE OF BIRTH

ADDRESS:.....

POSTCODE: TELEPHONE:

I have applied to the MS centre named above and I wish to receive one or more of the following therapies; Hyperbaric Oxygen Therapy (HBO), Physiotherapy, use of a Vibrogym, Aromatherapy, Counselling. The centre employs fully qualified staff where appropriate and advice is taken from a leading Medical expert on HBO.

The centre is a Registered Member of the Federation of Multiple Sclerosis Therapy Centres and have been providing Hyperbaric Oxygen Therapy for over 25 years. Further information on HBO is available from the centre.

I would be grateful if you would complete this form and return it to the centre. Any additional information you could provide with regard to diagnosis and treatment of my condition would be helpful. Should you require further information regarding the therapies please feel free to contact the centre Manager or a member of the professional staff.

I understand that all therapies undertaken at the centre are taken at my own risk.

Signed (by patient) Date

To Centre Manager – Ms Joanne Goodwin

I acknowledge receipt of your notification that my patient (named above) may be offered HBO, Physiotherapy, use of a Vibrogym, Aromatherapy, Counselling and Medical Advice at your centre.

I understand this does not constitute a referral of my patient.

1. I have read the enclosed information and know of no reason why he / she should not take part in any of the therapies.
2. I wish to discuss my patient with a) You b) Your medical advisor c) Your Physiotherapist.

Signed:

Dr Date

Address

Postcode Telephone

If you would like to receive further information about the centre to pass onto other patients please mark this box with a cross