MS Therapy Centre Lothian

Client Registration and Self- Assessment Form

Full Name:										**Title:**			
Address:													
Town:								**Post Code:**					
Email:													
Contact Numbers:	**Home:**							**Mobile:**					
Date of Birth:		**Sex:**	Female		Male		Intersex		MtF Female		FtM Male		
How did you hear about our services?	**Health Professional: GP/Nurse/ Hospital**		**Web Search/Internet**		**Friend/Word of mouth**		**Social Media**						

Medical Information

Medical Centre/Practice			
Address:			
Town:		**Post Code**:	
Main GP seen:			

Current Health Condition

The Health condition for which you are seeking treatment:		**Date of Diagnosis**	

Any other relevant information (description of symptoms, previous treatment/therapies, medical interventions):

Please detail any other health condition/s:

Please provide details of prescribed medications and/or herbal medications			
Medication	**Dosage**	**Medication**	**Dosage**

About You *Do you receive a care package?*				Tick the box if Not -Applicable	
No:		Yes (please give details)			

Are you currently:	Employed				Retired		Unable to work	
	Full time		Part time		Receipt of DLA/PIP			
					Receipt of Benefit			

Emergency Contact				
Details:	Name:		Phone:	
Relationship:				
Main Carer (if applicable)	Name:		Phone:	

Mobility

Do you use a walking/mobility aid?	Yes		No		Details:	
How do you travel to the Centre?						
Car		Public Transport		Taxi		Specialist mobility taxi/bus		Other	

Therapies Available to Clients (Please Tick)

Physiotherapy	Acupuncture	Complementary Therapies (Massage, Reflexology & Reiki)	Oxygen Treatment

Please enquire at reception on availability and bookings

To help us to evaluate the effectiveness and the benefits of Therapy/ Treatment please complete the following questions. Thank you.

Please indicate how much your health concern/s impacts on you at the moment

1 Not bothering me at all	2	3	4	5	6 Bothers me greatly

How would you rate your general sense of wellbeing at the moment?

1 As good as it could be	2	3	4	5	6 As bad as it could be

MS Therapy Centre Lothian, 40C Swanfield, Edinburgh EH6 5RX
T: 0131 554 5384 E: administrator@mstc-lothian.org.uk

Oxygen Treatment Checklist	**No**	**Yes**	**If yes, please give details including dates.**
Have you been on any of the following medication? Doxorubicin (Adriamycin), Bleomycin, Disulfiram (Antabuse/Refusal), Cisplatinum, Mafenide Acetate (Sulfamylon), Levothyroxine, Fluoxetine.			
Are you currently on any of the following medication? Codeine, Hydrocodone, Ibuprofen, Oxycodone, Paracetamol, Tramadol or Zolpidem.			
Are you currently taking any **High Blood Pressure (Hypertension)** medication**?**			
a) Have you had a pneumothorax (collapsed lung)? b) Was it properly treated?			
Do you have emphysema?			
Have you ever had tuberculosis?			
Do you have Chronic Obstructive Pulmonary Disease?			
Have you ever had any other lung problems?			
Have you had any surgery in the last six months?			
a) Have you ever had a seizure? b) Was it induced by drugs or alcohol			
Do you have a cold, chest infection etc?			
Do you suffer from chronic sinusitis?			
Do you have a temperature or a fever?			
Do you have Otosclerosis (*bone growth of the middle ear*)?			
Have you ever had a rupture of the oval or round membrane of the inner ear?			
Do you have optic neuritis?			
Do you have glaucoma?			
Do you have congenital spherocytosis (auto-hemolytic anemia- disease of the blood)?			
Do you have a pacemaker or other medical devices?			
Are you pregnant?			
Do you suffer from any long term conditions? e.g. claustrophobia, diabetes, epilepsy,			
Are you or have you ever been a smoker?			
Are you currently taking a prescribed **Anticoagulant/ Blood Thinner**? Such as, Warfarin; ivaroxaban (Xarelto); dabigatran (Pradaxa); apixaban (Eliquis); edoxaban (Lixiana)			

Oxygen Treatment Plan (Office Use Only)

Client Name:				Health Condition			
Introductory Session							
Date:		O2T Session details:		Pressure:		Time:		Booklet Received	
Number of Sessions to be completed:				Protocol Number:		Start Date:	

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MSTC does not provide medical advice, diagnose health conditions or prescribe treatments. We base a client's access to, and engagement with oxygen treatment on a client's self-declared condition/s and prescribed medications. Access to, and appropriateness of treatment is based on assessment of client self -declared information and existing evidence and protocols within the field of hyperbaric medicine. .

Client Consent

- I confirm my willingness to participate in Oxygen Treatment
- I will inform MS Therapy Centre staff of any changes to my medical condition or medications - prescribed and/or herbal.
- I am aware that the therapy may not be beneficial to me and that it is not possible to know in advance if I will benefit.
- I hereby give my consent for my General Practitioner and/or other health and social care agencies to be contacted concerning my suitability for Oxygen Treatment and to obtain any necessary information that may be relevant.
- I consent to me being transferred by patient transfer hoist or other recognised procedures as may be required on an emergency basis, but I confirm that I am aware that the MS Therapy Centre's policies require me to provide for physical or other assistance under normal circumstances.
- I give my permission for the MS Therapy Centre to keep a copy of this assessment and other records on file.
- I confirm that I have received, read and will comply with the guidance, health & safety procedures and other matters as directed by Centre staff, including: ***Oxygen Treatment Guidance & Information booklet including Fire Instructions and Health & Safety procedures, and Cancellation Policy***
- I accept that if I do not follow staff instructions I do so at my own risk, and MS Therapy Centre Lothian will not be held liable for any accidents that occur.
- I understand that the MS Therapy Centre is not part of the NHS and is a privately managed self-help charity that employs professional staff and trained volunteers and relies on contributions from clients and supporters in order for it to continue its work.
- I accept that the MS Therapy Centre may use my email address for information and notifications regarding the Centre's business.

In accordance with the Data Protection Act 1998, all personal data supplied to MSTC Lothian (the data controller) will be held in the strictest confidence and will not be passed on to any third parties without your consent. Your personal data will only be used for the purposes of administering client services at the Centre. If you have any concerns regarding the way your personal information is stored or used by MSTC Lothian, you may contact Nancy Campbell on 0131 554 5384.

<table>
<tr><td colspan="3">Client Name:
Date:</td><td>Signature:</td></tr>
<tr><td colspan="4">FOR OFFICE USE ONLY</td></tr>
<tr><td colspan="3">Date Received:
Date: Reviewed:
Review Date:</td><td rowspan="2">Additional Information & Notes:</td></tr>
<tr><td colspan="3">Date GP Letter Sent:
Date GP Information Received:</td></tr>
<tr><td>O2T Suitability</td><td>YES</td><td>NO</td><td>Personal Therapy Plan (PTP):</td></tr>
<tr><td colspan="3" rowspan="2">Staff Name:
Signature:
Date:</td><td>S O Details:</td></tr>
<tr><td></td></tr>
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