



Website: www.bhoc.ie

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Tel.: 023-8843677

APPLICATION FORM

Please Remember to Sign this form

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

I recognize this treatment facility to be the product of public subscriptions and charitable donations. I accept that the treatment centre is operated, configured and maintained on a voluntary non-profit making basis and that Bandon Hyperbaric Charitable Trust Ltd, its trustees, members and operators cannot accept any legal liability in respect of any accident, however caused, arising out of the operation, maintenance or configuration of the treatment facility.

I have informed my general practitioner of my intention to take HBO He/She has not given me any medical reason why I should not take it.

I confirm my wish to take up Hyperbaric Oxygen therapy with Bandon Hyperbaric Charitable Trust Ltd.

Client's Name:	
Address:	
Tel No:	
Date:	Signature: _____ NB
	<i><u>We will hold a copy of this information on our files. If not in agreement, please inform us of same.</u></i>
Client's Date of Birth	
CLIENT'S COMPLAINT	
Name of Next of Kin :	
Next of Kin Address :	
Next of Kin Telephone :	



THIS SECTION IS TO BE COMPLETED BY GP OR EQUIVALENT DOCTOR

I am aware that my patient,
_____, of

may be offered Hyperbaric Oxygen Treatment at your centre.

- (A) I know of no reason why he / she should not take part in the treatment.
- (B) I attach information which may be relevant in his / her case.

Signed:

(Dr)Name: _____ **Date:** _____

Address: _____

DOCTOR'S STAMP