# BANDON HYPERBARIC OXYGEN CENTRE APPLICATION FORM

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| **Client’s Name:** |  |
| **Address:** |  |
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|  |
| **Telephone No:** |  |
| **Client’s Date of Birth:** |  |
| **Client’s Complaint:** |  |
| **Name of Next of Kin :** |  |
| **Next of Kin Address :** |  |
|  |
|  |
| **Next of Kin Telephone No:** |  |

I hereby apply for Hyperbaric Oxygen Treatment with the Bandon Hyperbaric Oxygen Centre (BHOC). I am aware that Hyperbaric Oxygen Treatment may not benefit all people and that it is not possible to know in advance if I will benefit. I agree to observe the rules for the treatment laid down for safety and efficiency. To facilitate sessions starting on time, I agree to be present in the BHOC 15 minutes before the start time of the session booked by me. I accept and respect 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, Managers 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 acknowledge that I have been advised to consult with my General Practitioner (GP) of my intention to take Hyperbaric Oxygen Treatment and I further acknowledge that my GP has informed me that there is no medical reason why I should not undergo the treatment.**

In any event I understand that I should not present myself for treatment if I am suffering from any of the following conditions: Head/chest cold, sinus difficulties, ear infection, anxiety/panic attacks, claustrophobia, any infectious disease whatsoever.

I confirm that I understand and accept all of the requirements and obligations asked of me from this application process and I hereby declare that the information provided by me on this form is true and correct.

**Date: / / . Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***BHOC will hold a copy of this information on file. If not in agreement, please inform us of same.***