

Sussex MS Treatment Centre Consent Form

Name	
Date of birth	
Address	
<p>I understand that it is my responsibility to consult with my medical practitioner regarding the suitability of my using any of the therapies, treatments and classes shown below.</p>	
<p>I confirm that I consent to using:</p> <ul style="list-style-type: none">• Hyperbaric Oxygen Therapy• Therapeutic Treatments (e.g. Shiatsu, Reflexology, Acupuncture)• Drop in classes (e.g. Exercise, Yoga, Tai Chi) <p>I have been given sufficient information about the benefits and risks of the proposed treatment(s), and I understand the information. I can withdraw my consent at any time.</p>	
Signed	
Date	

