

Private and Confidential

Ref

For Office Use

# MS THERAPY CENTRE

NEW CLIENT APPLICATION FORM



# APPLICATION FORM

Date

/ /

DD / MM / YYYY

## SECTION 1. CLIENTS NAME, ADDRESS and CONTACT DETAILS

Title

Mr, Mrs, Miss  
Sir, etc.

First Name

Known as

Surname

Sex

M/F

D.O.B.

/ /

DD / MM / YYYY

yrs

Address

Town

Post Code

County

Country

Home Tel

Work Tel

Mobile

E-mail

## SECTION 2. CLIENTS PROFILE

Source of Introduction

Your Current Occupation

Do You Suffer from Multiple Sclerosis (MS)

Yes/No

If 'Yes' when where you first diagnosed

/ /

DD / MM / YYYY

## SECTION 3. CLIENTS 3rd PARTY CONTACT DETAILS

Doctors Surgery

Tel

GP

Next of Kin

Tel

Emergency Contact

(if different from above)

Tel

**SECTION 4. CLIENTS NOTES**

a) Is your Multiple Sclerosis the reason for you attending the MS Therapy Centre

Yes/No

If 'No' what is the Condition are attending the MS Therapy Centre for and the date of diagnosis

**Cancer Patients Only**

**Details of Chemotherapy Type** (if applicable)

b) **Other Physical and Medical Conditions** (all clients)

**Do you suffer from Ear Problems**

Yes/No

**Do you have Ear Grommets**

Yes/No

**Do you have Seizures or Epilepsy**

Yes/No

**Do suffer from any other Diagnosed Medical or Physical conditions that you think the MS Therapy Centre should be aware of that may affect your treatment at the Centre**

Yes/No

If 'Yes' please give details of symptoms

c) **Mobility** (all clients)

**Do you need assistance with your mobility**

Yes/No

**Do you use a wheelchair**

Yes/No

**Can you transfer to a normal chair with ease**

Yes/No

**Would you normally attend the Centre with a carer**

Yes/No

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**Declaration**

I hereby certify that I am aware of the Data Protection procedures operated by the MS Therapy Centre as outlined on the rear of this form and that all of the information in this form is correct to the best of my knowledge.

**Signed**

Signed by  Client

Clients Representative\*

Please Tick Accordingly

**Date**

DD / MM / YYYY

\* If signing as a representative of a client please print your name and relationship to the client in the box below

Name

Relationship

# PRIVACY POLICY

## **Privacy Policy**

This privacy policy sets out how The MS Therapy Centre uses and protects any information that you give The MS Therapy Centre. The MS Therapy Centre is committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified then you can be assured that it will only be used in accordance with this privacy statement. The MS Therapy Centre may change this policy from time to time. This policy is effective from 25th May 2018.

## **What we collect**

name

contact information including email address

demographic information such as postcode, preferences and interests

information to enable us to provide safety in operation

## **What we do with the information we gather**

We require this information to understand your needs and provide you with a better service.

## **Internal record keeping.**

We may use the information to improve our products and services.

We may periodically send promotional emails about new products, special offers or other information which we think you may find interesting using the email address which you have provided.

From time to time, we may also use your information to contact you for market research purposes. We may contact you by email, phone or mail.

## **Security**

We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect physically or online.

## **Controlling your personal information**

You may choose to restrict the collection or use of your personal information. If you have previously agreed to us using your personal information for direct marketing purposes, you may change your mind at any time by writing to MS Therapy Centre, Meadow View Wharf, off Tettenhall Road, Wolverhampton, WV6 0JT or emailing us at [admin@mscentre.co.uk](mailto:admin@mscentre.co.uk).

We will not sell, distribute or lease your personal information to third parties. We may use your personal information to send you promotional information about third parties which we think you may find interesting unless you tell us that you do not wish this to happen.

You may request details of personal information which we hold about you under the Data Protection Act 1998. If you would like a copy of the information held on you please write to the MS Therapy Centre, Meadow View Wharf, off Tettenhall Road, Wolverhampton, WV6 0JT

If you believe that any information we are holding on you is incorrect or incomplete, please write to or email us as soon as possible at the above address. We will promptly correct any information found to be incorrect.



Registered Charity No. 701791

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