



WOUND HEALING  
 STROKE  
 COPD  
 M.F.  
 V.I.P.S.D  
 PARKINSON'S  
 LYME S  
 CEREBRAL PALSY  
 CANCER  
 SPORTS INJURIES  
 TINNITUS  
 BURNS  
 CHRONIC PAIN  
 CONCUSSION  
 DIABETES  
 MIGRAINE  
 BRAIN INJURY  
 ALZHEIMERS  
 TRAUMATIC  
 FIBROMYALGIA  
 ULCER  
 ATIGUE  
 MULTIPLE SCLEROSIS



# the brightwell

a centre for neurological wellbeing & physical recovery

Bradbury House  
 Wheatfield Drive  
 Bradley Stoke  
 Bristol, BS32 9DB

01454 201 686  
 hello@thebrightwell.org.uk  
 www.thebrightwell.org.uk



The Brightwell is a partnership of the following organisations that support people with neurological conditions:

The West of England MS Therapy Centre Limited - Charity No 80115

The Bristol Therapy Centre Ltd - Company No 08193674

The Brightwell Neurological Support Centre - Charity No 1109459

Joint Registered Offices at Bradbury House, Wheatfield Drive, Bradley Stoke, Bristol BS32 9DB

The Brightwell is a member of the Neuro Therapy Network







At The Brightwell, we are dedicated to enhancing the lives of individuals living with chronic neurological conditions. With 40 years of unwavering commitment, we strive to empower our members by providing access to a warm and friendly, non-clinical environment that fosters independence, symptom management, and overall well-being.

## OUR GOAL

Is to provide a strong and effective community, devoted to the care and support of people with neurological conditions, their families and carers.

We achieve this by offering therapies, services and support, all designed to improve our members quality of life, in a purpose built, modern therapy centre.

## THE BRIGHTWELL IS

-  A relaxed, happy and caring space, where people can share their experiences, build friendships and access support when it is needed.
-  An accessible building providing therapies and support services by qualified professionals.
-  A place where the members, volunteers and staff are the cornerstones of a thriving and vibrant community.
-  A hub for self-help and positivity.

### Chair of Trustees:

Geoff Mayell was elected chair of The West of England MS Therapy Centre in 2023

### Chief Executive

Doro Pasantes

### The Centre's Oxygen Coordinator and Senior Operator:

Angela Ball and Keith Taylor

### The Centre's Hyperbaric Oxygen Advisor:

Petra Kliempt BSc (hons), MPH, PhD

## WHO DO WE SUPPORT

If you have been diagnosed with a neurological condition you can join the charitable side of The Brightwell by paying a small annual subscription. All of the therapies are subsidised, which helps us keep the suggested contributions much lower than they should be.

Our members are never means tested and, regardless of ability to contribute, we have never, nor will we ever, turn away anyone who could benefit from access to our services.

Our partner organisation, The Bristol Therapy Centre Ltd is open to anyone else who feels they would benefit from our therapies. This could be to help you recover from injury (sport or accidental), surgery, certain cancer treatments, long Covid or any other non-neurological health condition.

To access therapies you will be required to purchase a registration with The Brightwell and pay the full cost of your therapies. Any profit made by The Bristol Therapy Centre is used to subsidise our charitable activities.

**There are over 600 types of neurological conditions, which are broadly categorised as:**

### Sudden onset conditions

e.g. Stroke, brain or spinal cord injury

### Intermittent and unpredictable conditions

e.g. Fibromyalgia, ME, migraines, or the early stages of multiple sclerosis

### Progressive conditions

e.g. motor neurone disease, Parkinson's disease, or later stages of multiple sclerosis

### Stable neurological conditions

e.g. post-polio syndrome, or cerebral palsy in adults

SOURCE: NHS England

## WHAT IS A NEUROLOGICAL CONDITION?

A neurological condition occurs when there is damage to the nervous system. This is often caused by an injury or an illness.

This kind of damage can affect the spinal cord, nerves, brain and muscles.

A neurological condition **can affect anyone** of any age and any ethnicity, it can also affect people at any time in their lives.

Some conditions are incurable, some last a lifetime whilst others can be life-threatening.

SOURCE: NHS England

"I just can't believe the difference joining the Centre has made to my life!. You get **all the help and support needed**, both physically and mentally, everyone is so friendly; it makes me feel that I am a part of a very special family."

Valerie



# OXYGEN THERAPY AT THE BRIGHTWELL

## WHAT IS OXYGEN THERAPY?

The air you normally breath consists of 21% oxygen, 78% nitrogen and the remaining 1% is comprised of carbon dioxide and noble gases.

Oxygen therapy involves breathing higher dose oxygen, over 90%, inside a pressurised chamber.

You experience atmospheric pressure everyday and the extra pressure you will feel is small, no more than what you feel in a commercial aeroplane.



## HOW DOES IT WORK?

Oxygen is often taken for granted but it has a massive effect on the healing process. The cells in our body use oxygen to transfer the energy stored in food, glucose, to a usable form.

With a neurological condition like Multiple Sclerosis, where your immune system is attacking your own central nervous system, much of that energy is consumed by this struggle leaving other cells lacking the energy needed to heal and regenerate.

Breathing a higher concentration of oxygen can give these cells the extra boost they need. The additional benefit of being at pressure forces your blood to absorb more oxygen.

Recent clinical trials have suggested that oxygen therapy is also of benefit in *reducing inflammation and pain perception* (Wahl, Bidstrup, Werner et.al) in the *Journal of Pain Research*, showed that just one session of oxygen therapy provided both anti-inflammatory and analgesic effects.

## WHAT HAPPENS DURING AN OXYGEN SESSION?

Oxygen therapy is simple and non-invasive, you are seated in a purpose built chamber with up to six other people, outside the chamber are two trained operators. You will enter the chamber wearing your oxygen mask and once sat you'll attach the supply and exhaust pipes.

Oxygen sessions are conducted in three stages;

### COMPRESSION

After the chamber door is closed there will be some noise as air is added and the pressure increased. It will get warmer and you will feel a fullness in your ears, similar to when an aeroplane descends. You may need to equalise your ears to avoid any discomfort.

### BREATHING OXYGEN

You'll start breathing higher dose oxygen as soon as the chamber door is closed and you'll receive oxygen for over 1 hour. 45 minutes will be at pressure.

All you need to do is breathe normally.

### DECOMPRESSION

Your operator will let you know that the session is complete.

The chamber will then be depressurised which may again require you to equalise your ears.

You will continue to wear your mask but you will be breathing normal air.

# HOW TO GET THE MOST FROM YOUR OXYGEN THERAPY



Before you begin oxygen therapy expect to commit to an initial course of between 15 to 20 sessions, this will usually consist of 1 session per day, over the course of 5 days for 3 or 4 weeks.

Your first sessions will start at the lowest pressure, P2, with the potential to go up the pressures up to the highest level at a pace you feel comfortable with.

Occasionally it isn't feasible to attend every day and in those instances we will work with you to organise as many sessions, as close together as possible, to help maximise the potential.

When you are in the chamber wear comfortable, loose fitting clothes. Some of our members find it beneficial to wear layers as the chamber can become quite warm during the course of a session.

When the pressure increases in the chamber you will need to equalise your ears just as you would do on an aeroplane. There are a number of ways to do this;

- Swallow; this is usually the most effective method.
- Blowing your nose, while holding it and your mouth closed.
- Move your jaw from side to side, then forward and back.
- Try to force a yawn.
- Taking sips of water; you will need to bring a plastic bottle of still water with you.

Don't worry if you can't clear your ears at first, let the operator know straight away and they will slow, or stop, the pressurisation. There will always be an operator available to help.

As you are wearing your mask for the entirety of the session it will be difficult to talk and the noise will make it tricky to hear. Most people, during the session, listen to something through their headphones or read a book to keep themselves entertained.

You can bring your mobile phone, tablet or laptop into the chamber and there is free Wi-Fi, however we do recommend you download any programmes you'd like to watch rather than stream them.

If you have any questions, our oxygen coordinator, or another member of the team will be happy to help.

KEY TO PRESSURES		
P 2	1.5 ata	
P 3	1.75 ata	
P 4	2 ata	
Normal atmospheric pressure = 1 ata (atmospheres absolute)		

Timetable valid from **October 2023**, please check for current timings

	09:00	10:30	12:00	13:30	15:00
MONDAY	P 4	P 3	P 4	P 2	P 4
TUESDAY	P 4	P 4	P 3	P 4	P 4
WEDNESDAY	P 4	P 3	P 3	P 4	P 2
THURSDAY	P 4	P 2	P 3	P 4	P 4
FRIDAY	P 2	P 4	P 3	P 3	P 4

# IMPORTANT INFORMATION ABOUT OXYGEN THERAPY

Under proper supervision the risks of oxygen therapy are very minimal. The most common side effect is ear pain and users are monitored closely for this. Other side effects may include;

- **Otic Barotrauma (pain in the ears or sinuses):** Some people may experience pain in their ears or sinuses. If you are not able to equalise your ears or sinuses, the pressurisation will be slowed or halted, and suitable remedies will be advised.

**Please note** - should you be suffering from a cold or other condition affecting your sinuses, you are advised for your own comfort, to avoid coming for oxygen therapy until the condition has cleared up. This will also help to ensure that Centre members with compromised immune systems are not put at risk

- **Serous Otitis:** Fluid in the ears sometimes accumulates because of breathing high concentrations of oxygen. It may occasionally feel like having a "pillow over the ear." This disappears soon after therapy ceases and can often be eased with decongestants.
- **Visual Changes: blurring, worsening of near-sightedness [myopia], temporary improvement in far-sightedness [presbyopia]:** After 20 or more oxygen sessions, especially for those over 40 years old, some people may experience a change in their vision. This is usually temporary, and, in most people, vision returns to its pre-therapy level about six weeks after the cessation of therapy. It is not advisable to get a new prescription for glasses or contact lenses until at least eight weeks after your final oxygen session.
- **Cataracts:** Individuals with cataracts have, very occasionally, had a maturing or ripening of the cataract(s).
- **Cerebral Air Embolism and Pneumothorax:** Whenever there is a rapid change in ambient pressure, there is the possibility of rupture of the lungs with escape of air into the arteries or into the chest cavity outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during decompression. The rate of decompression in our oxygen sessions is very slow to avoid this possibility. It is important that you breathe normally during treatment and do not hold your breath.
- **Fatigue:** Some people may subjectively feel fatigue following therapy, but this is not a consistent finding.

## Allergies

Some oxygen masks, hoods or the seals used at the Centre may contain latex or other allergic materials. If you have any allergies please advise a member of the oxygen team and we will source a suitable alternative.

# MORE THERAPIES, CLINICS & SERVICES AT THE BRIGHTWELL

Many members consistently experience physically and mental benefits from our complimentary therapies. Our therapies are subsidised by the Charity, and offer great value. Each therapist is happy to discuss their methods and your desired outcomes. They are fully trained, and certified in their field, and carry our Risk Assessments before treating any of our members.

## INFECTION CONTROL

Our clinicians/therapists may be wearing PPE during your session and will carry out enhanced cleaning schedules between sessions.

Mask wearing at the Centre is not compulsory but it is welcome.

To ensure appointments don't overrun it would be of great benefit if you could aim to arrive

## COMPLEMENTARY THERAPIES

**ACUPUNCTURE**  
**REFLEXOLOGY**  
**AROMATHERAPY**  
**SPORTS MASSAGE**  
**FOOT CARE**

To make an appointment or to find out more about the therapies please contact reception

## CLINCS & SUPPORT

**BLADDER & BOWEL CONFIDENCE**  
**CAB EMPLOYMENT & BENEFITS ADVICE**

To make an appointment or to find out more about these clinics please contact reception

## TALKING THERAPIES

### COUNSELLING

### PEER TO PEER SUPPORT

To make an appointment or to find out more about the therapy please contact reception



## SOCIAL

You are welcome to meet up with other members and visitors in our new Brightwell Café and enjoy a tea/coffee/refreshment in these comfortable surroundings. Or you can take these out to our wonderful new terrace and enjoy the stunning therapy garden.

The Brightwell community can also be found online where members discuss everything from life to gardening, they share their baking skills or just swap terrible jokes in Brightwell Chat our very own, private, facebook group.



# PHYSIOTHERAPY AT THE BRIGHTWELL



Our physiotherapists are members of the Chartered Society of Physiotherapy and registered with the Health & Care Professions Council, as well as being members of the Association of Physiotherapists with a Special Interest in Neurology. The department also benefits from the support of a brilliant and dedicated team of rehabilitation therapists and physio assistants.

## TYPES OF PHYSIOTHERAPY

### • Individual treatment sessions

- \* By appointment
- \* Can be weekly/fortnightly or as needed
- \* With agreed aims and goals

**Anyone attending individual treatments can request that the therapist wear a mask during your session. The therapist may choose to do this anyway.**

### • Exercise classes

- \* Aim to maintain and improve:
  - ◇ Normal patterns of movement
  - ◇ Balance and co-ordination
  - ◇ General fitness
- \* Encourages group interaction
- \* Guided relaxation at the end of the session

### • Group physiotherapy

- \* More individual support from a therapist
- \* Exercises tailored to the groups' collective needs: e.g. upper arm strength, balance.

Before undertaking any kind of physiotherapy, whether virtual or physical, all members first have to complete the forms and the subjective assessment in this pack. Once these have been completed one of the team will contact you to arrange a face to face assessment at the Centre.

## THE AIMS OF PHYSIOTHERAPY

### • Prevent or reduce

- \* Muscle spasms
- \* Ataxia
- \* Secondary problems

### • Maintain and Improve

- \* Joint mobility
- \* Muscle power
- \* Balance and co-ordination
- \* Normal patterns of movement
- \* Function
- \* General Fitness

### • Provide general advice and support when individuals need it most

## SOME OF OUR GYM EQUIPMENT

- Functional Electrical Stimulation (FES)
- Seabo Mas
- Tilt table
- Passive/Active exercise bikes
- Parallel bars
- Standing frames
- Balance master
- Balance trainer
- Cross trainer
- Vibro - Gym
- Hoists



In this section you will find the following forms for you to fill out and return.

**NEW MEMBER REGISTRATION  
PRIVACY STATEMENT  
SUBJECTIVE ASSESSMENT  
GP NOTIFICATION  
MEMBERSHIP AGREEMENT  
CANCELLATION POLICY  
YOUR MEMBERSHIP**

You only need to fill in any sections that apply to you.

Don't worry if you can't remember exact dates, the purpose of the subjective assessment is for you to describe how you feel, there are no wrong answers.

If you have any questions about these forms please call us, or email, and we will do our best to help.

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Bradley Stoke, Bristol BS32 9DB  
[www.thebrightwell.org.uk](http://www.thebrightwell.org.uk)  
[hello@thebrightwell.org.uk](mailto:hello@thebrightwell.org.uk)



Member Name:

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Date of birth:

### NEW MEMBER DETAILS

The purpose of this is to ensure we have all the necessary information regarding your condition. This will help us to establish which therapies at the Centre could be the most beneficial for you and what, if any, assistance you may require when you are here.

Please complete this form in block capitals and in black ink. We ask you to complete this form yourself to help keep The Brightwell COVID secure by minimising the amount of in-person contact needed. Thank you for your assistance.

### STRICTLY PRIVATE & CONFIDENTIAL

NHS number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title Mr. / Mrs. / Miss / Ms. / Dr. / Other

First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	
Mobile No	Landline	<input type="text"/>	
Email	<input type="text"/>		
Ethnicity	We ask this as some of the trusts we receive funding from require this information		
Emergency contact name and telephone:	Next of kin	<input type="text"/>	

GP name	GP tel.	<input type="text"/>
GP Surgery	<input type="text"/>	
Consultant name	Consultant tel.	<input type="text"/>
Care Agency	Care agency tel.	<input type="text"/>

How did you hear about The Brightwell?

Are you currently in employment?	YES / NO	Full time / Part time
Do you volunteer anywhere?	YES / NO	Where?

Member Name:

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### PAST MEDICAL HISTORY

please tick any that apply

Primary Condition		
Date of diagnosis		
Other conditions		
Allergies		

Epilepsy	<input type="checkbox"/>	Circulatory problems i.e. DVT	<input type="checkbox"/>
Diabetes / Hypoglycemia	<input type="checkbox"/>	Serious illness / operations	<input type="checkbox"/>
Heart conditions	<input type="checkbox"/>	Upper respiratory conditions	<input type="checkbox"/>
<b>COVID - 19</b>	<input type="checkbox"/>	Ear / Sinus issues	<input type="checkbox"/>
History of cancer	<input type="checkbox"/>	Sudden weight change	<input type="checkbox"/>
Have you been advised not to fly?	<input type="checkbox"/>	On immunosuppressant medication i.e. high dose steroids or Disease Modifying Therapies	<input type="checkbox"/>
Smoker (present / past)	<input type="checkbox"/>		

Are you currently taking part in any clinical or hospital studies

If yes, please specify

Please list any major illnesses / operations / conditions

If you have Multiple Sclerosis (MS), What type do you have?  
please tick whichever applies

Relapsing / remitting (RR)	<input type="checkbox"/>	Primary progressive	<input type="checkbox"/>
Secondary progressive	<input type="checkbox"/>	Benign RR	<input type="checkbox"/>
Static	<input type="checkbox"/>		

# Privacy Statement

At The Brightwell we are committed to protecting and respecting your privacy.

## Why do we need your personal and sensitive health information?

It enables our Centre staff to discuss and assess you so that we can provide you with the most appropriate and suitable therapy options available. Our legal basis for processing your personal and your health information is covered by Legitimate Interest: Article 6(1)(f) and special category (sensitive/health data) Article 9(2)(d) of the General Data Protection Regulation 2018.

## Who has access to your information?

The information you provide is processed by Centre staff members only, securely stored and retained on the Centre's electronic database and therapy booking system. This database cannot be accessed remotely.

## How your information be used?

Your information will be used only for the following purposes;

- assessing and reviewing your individual needs and suitability for therapy
- to monitor the effectiveness of any therapy and/or any treatment plan
- evaluating the outcomes of service activities and/or therapy interventions
- for personal identification on our therapy booking system which enables you to book appointments at the Centre
- administration purposes, to keep you updated with schedule changes and/or service developments

Our Privacy Policy is available on request. Please ask for a copy from the main office.

Your consent is required for specific aspects of what we do, please **read and initial** the following statements only if you **agree** to provide your consent.

	Initial here if you consent
<b>Health &amp; Safety:</b> Where and if necessary, I consent to being transferred by a patient transfer hoist or other recognised procedure, which may include being asked to use a wheelchair, as may be required on an emergency basis. I confirm that I am aware that the Centre's policies require that I provide for physical, or any other assistance, I may require under normal circumstances.	
<b>General Practitioner/Consultant Notification:</b> I consent for my GP and/or Consultant to be notified (in writing) that I have approached the Centre for therapy requesting confirmation of my diagnosis/condition/medications and a brief medical history that will be kept on my file at the Brightwell.	
<b>Electronic communication:</b> I consent for my details to be added to the Centre's digital mailing list. <b>Please note;</b> this is our preferred method of communication and has been a vital tool in helping us stay connected with members, you will also receive newsletters plus details and information on special events and fundraising activities.	
<b>Photography:</b> I consent for my picture/video to be taken and used for the Centre's service reporting purposes and/or in the marketing of services.	
<b>Benefits of Therapies:</b> I fully understand that the benefits of therapies/activities will also depend on my lifestyle choices, on-going medication and general health. I understand that if I have not given the correct details or have failed to provide all relevant and appropriate information the effects of therapy could be nullified or lessened.	

Member Name:

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## HISTORY OF YOUR CONDITION

please complete this section to the best of your recollection

	DATE	BRIEF DESCRIPTION
When and how did your symptoms begin?		
What event, symptoms or triggers led to your diagnosis?		
How were you diagnosed? (lumbar puncture, MRI)		
How have your symptoms progressed since diagnosis?		

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### SYMPTOMS - please answer yes or no

1. **FATIGUE** Are you affected by fatigue

What affects your fatigue?

Heat	<input type="checkbox"/>	Cold	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Physical activity	<input type="checkbox"/>

Anything else?

2. **VISION** Do you have any problems with, - please answer yes or no;

Reading	<input type="checkbox"/>	Distance	<input type="checkbox"/>
Double vision	<input type="checkbox"/>	Blurred vision	<input type="checkbox"/>
Eyeball quivers	<input type="checkbox"/>		

Other, please specify \_\_\_\_\_

### 3. HEAD / NECK / FACE

	Type of Pain i.e. shock, sharp, electric, bruise etc.	Frequency i.e. constant/ intermittent	Intensity 0 = none 10 = extreme
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10
	Pins & needles	Frequency	Intensity
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10
	Numbness	Frequency	Intensity
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10

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### 3. HEAD / NECK / FACE continued

	General area	Frequency	Intensity 0 = none 10 = extreme
HEADACHES			1 2 3 4 5 6 7 8 9 10
SPASMS			1 2 3 4 5 6 7 8 9 10
WEAKNESS			1 2 3 4 5 6 7 8 9 10

Please note any other issues with your head, face or neck;

### 4. TRUNK / BACK

	Type of Pain i.e. shock, sharp, electric, bruise etc.	Frequency i.e. constant/ intermittent	Intensity 0 = none 10 = extreme
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Pins & needles	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Numbness	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10

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#### 4. TRUNK / BACK continued

	Tightness	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Weakness	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Spasms	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10

Please note any other issues with your trunk / back in the space below?

#### 5. ARMS & HANDS

	Type of Pain i.e. shock, sharp, electric, bruise etc.	Frequency i.e. constant/ intermittent	Intensity 0 = none 10 = extreme
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10



Member Name:

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	<b>Pins &amp; needles</b>	<b>Frequency</b>	<b>Intensity</b>
<b>LEFT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>LEFT HAND</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT HAND</b>			1 2 3 4 5 6 7 8 9 10
	<b>Numbness</b>	<b>Frequency</b>	<b>Intensity</b>
<b>LEFT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>LEFT HAND</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT HAND</b>			1 2 3 4 5 6 7 8 9 10
	<b>Weakness</b>	<b>Frequency</b>	<b>Intensity</b>
<b>LEFT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>LEFT HAND</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT HAND</b>			1 2 3 4 5 6 7 8 9 10
	<b>Spasms</b>	<b>Frequency</b>	<b>Intensity</b>
<b>LEFT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>LEFT HAND</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT HAND</b>			1 2 3 4 5 6 7 8 9 10
	<b>Loss of use</b>	<b>Frequency</b>	<b>Intensity</b>
<b>LEFT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>LEFT HAND</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT ARM</b>			1 2 3 4 5 6 7 8 9 10
<b>RIGHT HAND</b>			1 2 3 4 5 6 7 8 9 10

**Do you have any swelling or skin issues?** - please specify

**Are there any other issues with your arms or hands?** - please specify

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## 6. LEGS & FEET

	<b>Type of Pain</b> i.e. shock, sharp, electric, bruise etc.	<b>Frequency</b> i.e. constant/ intermittent	<b>Intensity</b> 0 = none 10 = extreme
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	<b>Pins &amp; needles</b>	<b>Frequency</b>	<b>Intensity</b>
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	<b>Numbness</b>	<b>Frequency</b>	<b>Intensity</b>
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	<b>Weakness</b>	<b>Frequency</b>	<b>Intensity</b>
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	<b>Spasms</b>	<b>Frequency</b>	<b>Intensity</b>
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

6. LEGS & FEET continued

	Loss of use	Frequency	Intensity
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10

Do you have any swelling or skin issues?

Are there any other issues with your legs or feet? - please specify

7. WALKING

Are you able to walk unaided?

Always / Mostly / Sometimes / Never

Do you ever use a wheelchair inside?

Always / Mostly / Sometimes / Never

Do you ever use a wheelchair outside?

Always / Mostly / Sometimes / Never

If so what size in inches?

Is it a tilt in space / transit

Do you use any aids, or support, for walking? tick any that apply

Supervision

Assistance

Stick or crutches

Wheeled rollator

Zimmer / Parallel bars

None

How long can you walk before having to stop on a 'good' day?

Is that with or without a walking aid?

With / Without

8. BALANCE

Do you have any problems with;

Dizziness

Unsteadiness

Any other issues with balance, such as a fall, or near fall? - please specify

Do you have problems with balance, or do you feel light-headed when standing from a sitting position?

How do you rate your balance when standing?

Poor / Fair / Good

How do you rate your balance when sitting?

Poor / Fair / Good

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

### 9. CO-ORDINATION

**Have you any problems with co-ordination?**

Such as tremor / shaking / dysmetria / gait / postural sway

**If yes please provide a few details.**

### 10. CONTINENCE

**Do you have any issues with your;**

**Bladder** - tick all that apply

Urgency

Frequency

Incontinence

Retention

**Bowel** - tick all that apply

Urgency

Frequency

Incontinence

Retention

Diarrhea

Constipation

**Do you require any assistance to use the toilet?**

Independent

Supervision

Assistance

**Do you use an appliance?** Such as a catheter or supra pubic, please provide details.

**Would you like a referral to our bladder & bowel confidence clinic?**

### 11. ORAL / RESPIRATORY ISSUES

**Do you struggle with any of the following?** - please provide brief details

Speech and/or formulating words

---

Swallowing

---

Breathing

---

Do you ever choke?

---

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

### 12. SLEEP

Do you have problems getting to sleep?

Do you often wake in the night?

Do you need to empty your bladder during the night?

Do you have pain when you wake up in the morning?

If you wake in the night, what wakes you?

Pain

Bladder

Other

### 13. CIRCULATION

Do you have, or have you ever had, an embolism or thrombosis?

If yes, when

and how many

Are you taking any medication for this?

If so, which medication ?

Do you have any other circulatory issue?

If yes please specify

Are you susceptible to;

Cold hands

Cold Feet

Do you have any area where you feel unusually hot?

Where?

### 14. PRESSURE SORES

Do you have any pressure sores at the moment?

Are you currently receiving treatment for them?

Please specify

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

**15. COGNITION**

**Have you noticed any changes in your;**

Short-term memory

Long-term memory

Concentration

Are there any cognitive issues you'd like to share,  
i.e; attention / problem solving etc...

---

**16. WELL BEING** - please remember that this form is strictly confidential

**How would you describe your general well being?**

---

---

---

---

---

**Are you feeling low or depressed?**

---

---

---

---

---

**Do you feel anxious / irritable / agitated / stressed or lacking in motivation?**

---

---

---

---

---

Are you taking any medication to help with this?

Would you like information on talking therapies at the Centre?

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

**17. AT HOME**

**In what type of home do you currently live?**

House	<input type="text"/>	No. of stories	<input type="text"/>	Flat	<input type="text"/>	Floor	<input type="text"/>
Bungalow	<input type="text"/>	Care home	<input type="text"/>				

**If you have to, how do you climb stairs?**

Banisters	<input type="text"/>	Stair lift	<input type="text"/>	Through lift	<input type="text"/>	Other	<input type="text"/>
-----------	----------------------	------------	----------------------	--------------	----------------------	-------	----------------------

**Do you live with family / partner?**


**Do you have a carer?**

**18. Are you a member of any associations or societies specific to your condition?**

Y / N
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If yes, which ones?

---



---

**19. How do you intend to travel to the Centre**

---

**WHICH THERAPIES & SERVICES ARE YOU INTERESTED IN AT THE CENTRE?**

Please mark in order of preference, with '1' being the one you are most interested in

Acupuncture	<input type="text"/>	Bladder health	<input type="text"/>	Chiropody	<input type="text"/>	Benefits help	<input type="text"/>
Counseling	<input type="text"/>	Exercise class	<input type="text"/>	Hypnotherapy	<input type="text"/>	Mindfulness	<input type="text"/>
MS Nurse	<input type="text"/>	Oxygen	<input type="text"/>	Physiotherapy	<input type="text"/>	Reflexology	<input type="text"/>
Group class	<input type="text"/>						

**ARE YOU RECEIVING SUPPORT FROM ANY OF THE FOLLOWING?**

MS Nurse	<input type="text"/>	Approximate date last seen	<input type="text"/>
Physiotherapist	<input type="text"/>	Approximate date last seen	<input type="text"/>
Occupational therapist	<input type="text"/>	Approximate date last seen	<input type="text"/>
Speech therapist	<input type="text"/>	Approximate date last seen	<input type="text"/>
Continence nurse	<input type="text"/>	Approximate date last seen	<input type="text"/>



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mstherapybristol



## STRICTLY CONFIDENTIAL

### GENERAL PRACTITIONER INFORMATION FORM

Your patient would like to access therapy at The Brightwell to help them manage their condition more effectively.

So that we can advise as to which therapy or therapies may be the most suitable for them, we would be grateful if you could confirm their primary diagnosis on the form below and return it to us along with a printed medical history summary and list of current medications.

We kindly ask that you do not charge your patient for fulfilling this request.

Should you have any questions or concerns please contact us using the details above.

**PATIENT INFORMATION** - please complete using block capitals

Title		Full Name	
Address			
D.O.B.		Tel:	

Diagnosis /any other information and comments (please complete using block capitals);

additional space is provided overleaf

I understand that this note is not a referral and does not indicate an endorsement of the treatments available.

Signed (G.P.).....Date .....

Name of G.P. (please print).....

Practice Stamp, for verification

The Brightwell is a partnership of;

The West of England MS Therapy Centre  
charity no: 801155

and The Bristol Therapy Centre  
company No 08193674

The Brightwell provides therapies and support for people living with a neurological condition such as multiple sclerosis, fibromyalgia, ME or stroke. If you would like to learn more about what we do please visit our website, [thebrightwell.org.uk](http://thebrightwell.org.uk) or contact us.

There are over 50 MS Therapy Centres in the UK and Ireland who all operate as individual charities to offer advice, information and a range of therapies to people with MS or another neurological condition. The first Centre was established in 1982, and since then more than 2 million oxygen sessions have been provided without incident.

This treatment is supported by controlled trials.

For more information visit [www.neurotherapynetwork.org.uk](http://www.neurotherapynetwork.org.uk)

**Diagnosis / any other information;**



## What does it mean to be a member of The Brightwell?

- The Brightwell is based on the principle of self-help, we exist to provide the therapies and support that you, the Members, decide are important and needed
- The charity is run by a management team, supported by the trustees for the benefit of the Members and others who can benefit from its services
- The Centre is not a part of, and receives no support from the NHS. We currently receive under 1% of our funding from other statutory sources
- As a member you agree to support the Centre's team and volunteers to help us raise approximately £350,000 per year to provide the services and support we all value
- In the event of The Brightwell being wound up, as a member, you agree to pay a sum not exceeding £1 towards any outstanding debts, in accordance with the our company regulations

## Consultation with Members/Centre Users

The following arrangements exist for consultation with members/users about the operation of the Centre:

- We welcome suggestions and ideas – **The Brightwell is your Centre**. Please send an email with your thoughts and ideas to [hello@thebrightwell.org.uk](mailto:hello@thebrightwell.org.uk) or let reception know and they will put you in contact with the relevant team member
- The Centre's trustees (the officers of the Charity and members of the Board of Trustees) are elected annually from the membership by the members at the Annual General Meeting. A number of the trustees are people with a neurological condition or are the partner/carer of a person who attends the Centre so they are in frequent contact with the wider membership. To promote impartiality some of our trustees do not have a neurological condition and their expertise lies in other areas; e.g. business
- A survey is taken from time to time to consult with members and obtain comments on the operation of the Centre. The returned forms are anonymous. A summary of the comments is given to the Chair of Trustees and is reported on at the AGM
- Members have the right to access any of their own personal records held at the Centre in accordance with the Data Protection Act
- Should anyone have the misfortune to collapse while on the premises, staff trained in first aid will assist them until medical assistance arrives. If this does not comply with your wishes, please inform the CEO in writing.

## Arrangements for dealing with complaints

Written policies are in place to ensure that the privacy and dignity of members is maintained. Private rooms are available for confidential meetings.

The Centre's objective is to resolve any issues promptly and justly, while ensuring that the complaint is thoroughly investigated by a responsible person prior to its resolution.

Any member, member's carer or personal representative that has a complaint about any aspect of the Centre's operations, or staff, should in the first instance refer the complaint informally to a senior member of staff who will try to resolve the problem immediately. If the complaint cannot be resolved this will be passed on to the CEO, Doro Pasantes. To contact Doro confidentially you can email; [doro.pasantes@thebrightwell.org.uk](mailto:doro.pasantes@thebrightwell.org.uk) or call direct on 01454 628 722

If this is not possible, the complaint will be referred to a member of the Management Committee (trustees) who will:

- Within 3 working days of receipt of the complaint acknowledge it in writing
- Advise the Chair of Trustees of the complaint
- Consult with the Chair of Trustees as to the manner in which the complaint should be investigated and resolved. The Management Committee member or the Chair of Trustees, as appropriate, will conduct any necessary investigation and provide the complainant with a full response in writing within 20 working days of receipt of the complaint. If the investigation is still in progress at that time, the complainant will be given a letter explaining the reason for the delay, and a full response in writing will be given within 5 days of a conclusion being reached

If the complainant is dissatisfied with the proposed resolution of the complaint, they may refer the matter in writing to the Management Committee. It will be considered at its next scheduled meeting – or at the discretion of the Chair of Trustees, at an Extraordinary Meeting called for the purpose of considering the complaint.

Such a meeting will include the right to make a personal representation by;

- a) the complainant and
- b) the person/s in respect of the complaint

The resolution by majority vote of the complaint by a properly convened and quorate meeting of the Trustees will be communicated in writing to the complainant within 5 days of the meeting having taken place.

A reference copy of the complaints procedure is kept by the CEO and is available on request.

Where requested, the complainant and/or family members will be given support by a mutually acceptable Centre member in using this procedure.

## Cancellation policy

### 1. Cancellation or 'No-Show' for therapies, clinics and appointments

We do understand that sometimes you might not be able to attend your appointment at The Brightwell. We know that emergencies, illness and un-foreseen events happen and that they can happen to anyone. However, each late cancellation and 'no-show' denies another member the opportunity to access the services of the Centre.

Sadly, these missed opportunities come at a cost to the Centre and as a charity the loss of revenue can cause further knock-on effects for our members.

To help us try and reduce the impact of missed appointments please follow the guidelines below;

- If you need to cancel an appointment please provide at least two working days' notice(48 hrs).
- To cancel, or rearrange, you should call the Centre on 01454 201 686 or email [hello@thebrightwell.org.uk](mailto:hello@thebrightwell.org.uk) during the hours of 9 am to 4:30 pm, Monday to Friday.
- Cancellations made using any other email address, or via any of our social media channels, will be treated as a 'no-show' as these communication methods are not monitored constantly.
- If an appointment is not cancelled, with at least two working days' notice we will, unfortunately, require the full suggested contribution of the therapy you missed.
- In the event of an actual emergency, when prior notice wasn't possible, we will consider the granting of an exception.

### 2. Late show policy

You can help us to continue providing the best support we can to each and every member by arriving at the Centre at least 15 minutes before your session/appointment is scheduled.

If you are unable to make your appointment on time the following applies;

- If it is safe to do so please call and let us know, **do not call if you are driving.**
- Unfortunately, it will not be possible to delay an oxygen therapy session booked for inside the chamber. However we may be able to provide isobaric oxygen outside the chamber so do check when you call.
- We reserve the right to cancel future appointments and request a donation for missed sessions where members are continually or excessively late as this inevitably caused significant complications for our therapists and other Members waiting for an appointment.

### 3. Repeated Cancellations or 'No-Shows'

Where there is evidence of repeated, short notice cancellations and or 'no-shows' we reserve the right to cancel, change or refuse any bookings for therapies, sessions or clinics.

We appreciate that sometimes this is due to matters beyond your own control and, in those cases, we are more than happy to discuss the situation and how best to rectify it.

We will go through this form with you and ask you to sign it when you become a Member to show that you agree with and accept the cancellation terms:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name in BLOCK CAPITALS: \_\_\_\_\_

## Your membership of The Brightwell

Your annual subscription gives you access to all of the therapies, services and support available at the Centre and, even though we try to keep membership subscription costs down, we cannot guarantee that they will stay at the same rate in future.

Alternatively you could become a lifelong member of The Brightwell, you will receive a copy of our newsletters throughout the year and have peace of mind knowing that you don't have to give membership renewal a second thought. Lifelong membership of The Brightwell is £350.

Please indicate your preferred membership option by ticking the relevant box

Annual Membership	£35	<input type="checkbox"/>
Lifelong Membership	£350	<input type="checkbox"/>
Other amount	£	<input type="checkbox"/>

How would you prefer to pay?

Cheque	<input type="checkbox"/>	If you would like to set up a regular donation a standing order form is included with this pack. If you use online banking this can be set up as a recurring payment. Our banking details are also on that form, please use your surname as the reference.
Debit card	<input type="checkbox"/>	
Online Bank Transfer	<input type="checkbox"/>	

By signing below you agree to adhere to the policies, procedures and conditions set out in this information pack

Signature	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>		

### Gift Aid and fundraising

If you are currently a UK taxpayer we can claim Gift Aid on all of your donations to the Centre, unfortunately this does not include contributions towards therapies. Gift Aid is a valuable fundraising option for the Centre as for every £1 donated the government will donate an additional 25p. If you can complete the enclosed declaration we would be very grateful.

Would you be willing to assist us in fundraising for The Brightwell? Please let us know if you're happy for us to talk to you about ways you could help.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>



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In this section you will find the following forms for you to fill out and return.

## **GIFT AID DECLARATION STANDING ORDER INSTRUCTION RECOMMENDED CONTRIBUTIONS**

You do not have to fill in these forms immediately and, as ever if you have any questions about them please call us, or email, and we will do our best to help.

Bradbury House, Wheatfield Drive  
Bradley Stoke, Bristol BS32 9DB  
[www.thebrightwell.org.uk](http://www.thebrightwell.org.uk)  
[hello@thebrightwell.org.uk](mailto:hello@thebrightwell.org.uk)





# CHARITY GIFT AID DECLARATION



**ALL YOU HAVE TO DO IS #TICKTHEBOX**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.  
Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid this donation and any future donations you may make you must complete your details and tick the statement below:

I agree I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to;

**Registered Name of Charity:** The West of England MS Therapy Centre Ltd

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

First Name		Surname	
Home address			
Postcode		Date	
Signature			

**Please notify us if you:**

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

## Standing order form to bank

Please take or send the top half of this form to your bank to set up a standing order, or, if you use online banking, you can easily set it up there.

Name of bank		
Address of bank		
	Postcode	

I would like to make a regular donation of £  to;

Account name: **The West of England MS Therapy Centre Ltd.**

Account No: 67 21 47 16

Sort Code: 08 - 92 - 99

Bank: The Co-operative Bank

To begin on the  day of  month  year

and for this to continue every **MONTH** on the same day until further notice.

Account holder name:			
Account No:		Sort Code:	
Please include the following reference in the S.O:		YOUR SURNAME & INITIAL	

Signed  Date

## Notification of standing order

Please return this bottom section to the Centre.

I have arranged a standing order donation to be paid to The West of England MS Therapy Centre for the sum of £

To begin on the  day of  month  year

and for this to continue every **MONTH** on the same day until further notice.

The standing order reference for the donation is:

Name  Date

## RECOMMENDED CONTRIBUTIONS FOR TREATMENTS

We fundraise to subsidise the cost of the therapies for our members.

We encourage people to contribute towards therapies if they are able to and suggest a minimum contribution for these. The minimum contributions is the amount shown below,

Once a therapy routine is established we prefer that you create a standing order that your contributions are made, in advance, at the beginning of each month.

Receiving therapy at The Brightwell will never be denied for financial reasons, if you are unable to contribute, please speak to our Centre Manager in complete confidence.

<p style="text-align: center;"><b>Oxygen Therapy</b></p> <p><b>Monday to Friday</b>, subject to availability</p> <p>Each session lasts 1 hour 15 minutes, please remember to arrive 15 minutes before your session starts.</p> <p>Contributions for members with neurological conditions  <b>Initial block</b> 15/20 sessions <b>£30 p/w</b>            Individual sessions <b>£15</b></p> <p style="text-align: center;"><b>Isobaric Oxygen</b></p> <p>Sessions outside the Chamber at normal atmospheric pressure            1 hour –long session <b>£5</b></p> <p style="text-align: center;"><b>EWOT</b></p> <p>Exercise on a THERA-Trainer bike while breathing isobaric oxygen <b>£10</b></p>	<p style="text-align: center;"><b>Neuro-Physiotherapy</b></p> <p><b>Individual Appointments</b> - 30 minutes either weekly or fortnightly from Monday to Friday, subject to availability</p> <p>Lead Physio: Amrik Singh Sidhu <b>£30</b></p> <p>Physiotherapist: <b>£25</b></p> <p>Physio Assistant: <b>£20</b></p> <p><b>Assessment:</b> required before starting any therapy <b>£30</b></p> <p style="text-align: center;"><b>Functional Electrical Stimulation (FES)</b></p> <p>Initial Consultation/Assessment <b>£60</b></p> <p>Personal pads and electrodes <b>£18</b></p> <p>Follow up / Annual review <b>£60</b></p>
<p style="text-align: center;"><b>Exercise Class</b></p> <p>Run by the Neuro-Physiotherapy Team</p> <p><b>Wednesdays 9:30 -10:30 and 12:00 - 13:00</b></p> <p>Up to 12 people per class <b>£8</b></p> <p style="text-align: center;"><b>Exercise Class on Zoom</b></p> <p>30 minute session <b>£5</b></p> <p style="text-align: center;"><b>Group Physio Sessions</b></p> <p>Up to 6 people per group including equipment use <b>£13</b></p>	<p style="text-align: center;"><b>Gym - Self Treatment</b></p> <p>Please ask a member of the team as Use of Gym Equipment must be under supervision. <b>£5</b></p> <p style="text-align: center;"><b>Neuro Yoga/Pilates</b></p> <p><b>Fridays 10:30 - 11:30</b></p> <p>Individual session <b>£8</b></p> <p>10 sessions in advance <b>£50</b></p>
<p style="text-align: center;"><b>Musculoskeletal &amp; Neuro-Physiotherapy</b></p> <p>For non-neuro clients and carers this can be accessed through the</p> <p style="text-align: center;"><b>Bristol Therapy Centre Ltd</b></p> <p>Initial Assessment - hr. - <b>£60</b></p> <p>Neuro 30 min sessions - <b>£55</b></p> <p>Musculoskeletal 30 min sessions - <b>£45</b></p>	<p style="text-align: center;">Please enquire at reception to make an appointment or call 01454 201686</p>

The primary costs for the services and clinics shown in the table below are mostly covered directly by the provider. The Centre covers admin support and provision of facilities, which amounts to costs in the region of £35,000 every year.

Anyone who donates to our general 'Treatment Fund' is helping to continue the provision of these services.

<p><b>Spasticity Rehabilitation Clinic</b></p> <p>Rehabilitation Consultant: You will need to be referred by your GP for this clinic.</p> <p>60 minute appointment every six weeks on a Monday for people with a neurological condition</p> <p><b>This clinic is not currently taking place</b></p>	<p><b>MS Nurse Clinic (North Somerset)</b></p> <p>MS Nurse</p> <p>30 minute – 60 minute appointment</p> <p>Only available to clients with MS who live in North Somerset</p> <p><b>This clinic is not currently taking place</b></p>
<p><b>Bladder and Bowel Confidence</b></p> <p>Continence Nurse: Cath Dixon</p> <p>30 or 60 minute appointments available one day per month</p>	<p><b>Benefits Advice Service and Advocacy provided by CAB and the MS Society</b></p> <p>Advisor: Caroline Langdon (CAB)</p> <p>60 minute appointments available to those living with MS one day per month</p>

The therapies and services shown below are available to Centre Members at a reduced rate. Payment for these must be made directly to the therapist in line with their procedures.

<p><b>Acupuncture</b></p> <p>Therapist: <b>Sam May</b></p> <p><b>Friday</b></p> <p>Initial assessment: £45 40 minute session £30</p>	<p><b>Sports Massage, Aromatherapy &amp; Reflexology</b></p> <p>Therapist: <b>Claire Day</b></p> <p><b>Monday to Thursday</b></p> <p>60 minutes - £40.00</p>
<p><b>Foot Health</b></p> <p>Therapist: <b>Therese Staniland</b></p> <p>30 minute session min: £25</p>	<p><b>Volunteer Drivers</b></p> <p>We have a volunteer driver who is able to bring people to the Centre if transport is required. Clients must be able to transfer with minimal assistance.</p> <p>Costs based on distance provided by the driver</p>
<p><b>Counselling</b></p> <p>Counsellor: Sasha Leigh</p> <p>50 minute appointments available weekly on a Thursday: £40</p> <p>On-line sessions available on other days: £40</p>	<p>Please enquire at reception for availability and bookings on 01454 201686</p>



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