

C-CARD DISTRIBUTION FORM

FREE & CONFIDENTIAL 

DATE: 01/01/26 **F100001**

1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐

For more information, please visit www.openclinic.org.uk

C-Card Number

F – Under 16s

T – Over 16s

Date of Registration

Visit Number

FREE & CONFIDENTIAL 

DATE: 01/01/26 **T100001**

1 ☒ 2 ☒ 3 ☒ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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Venue:

Month:

	DATE	C-CARD NUMBER	VISIT NUMBER	DISTRIBUTED BY (Initials)
	02/01/26 EXAMPLE	F100001 EXAMPLE	2 & 3 EXAMPLE	LC EXAMPLE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE RETURN THIS FORM BY THE 5TH OF EACH MONTH TO:
SexualHealthPrevention@mpft.nhs.uk