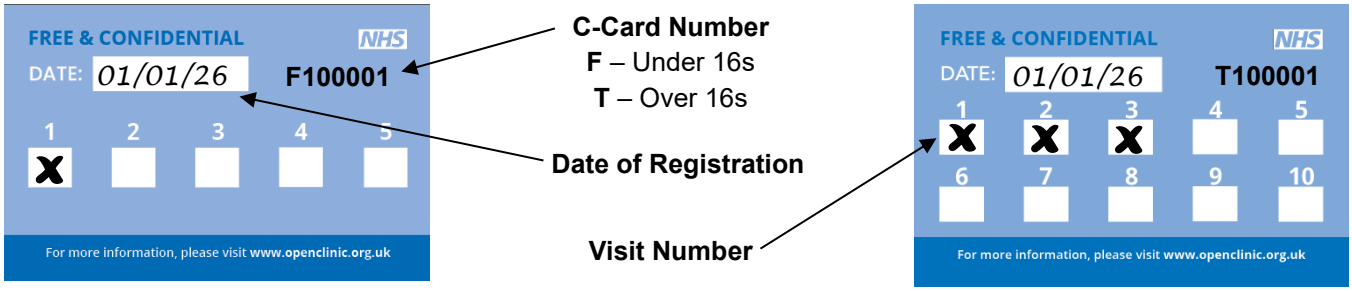
C-CARD DISTRIBUTION FORM



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