



MONITORING FORM

This form should be completed every time condoms are distributed. Please return it to NHS Hampshire Resource and Campaigns Service (see details below) either monthly or when you re-order, whichever is sooner. The Get It On condom distribution scheme will not be able to replenish your condom supply unless this form is completed.

| Date | Age | Client Gender (M/F) | Pack of 6 condoms (√) | Signed (Pharmacy Staff) | Comments e.g. referred back to registration point |
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| Total | | M_ F_ | | N/A | N/A |

PLEASE CAN YOU TOTAL THE COLUMNS BEFORE RETURNING THE FORM - THANKS!

| Pharmacy Name: | Date |
|----------------|----------|
| Contact Name: | |

Please return by fax to 01252 335101 either monthly or when you reorder condoms. Reorder condoms using the website www.healthresources.hantspct.nhs.uk