

Carbon monoxide monitoring form

Date of referral:

NHS number:	DoB:
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First name:	Last name:
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Address:

Postcode:	Expected/actual* delivery date: <small>*delete as necessary</small>
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Client's details Mobile number: Email address:	Partner/family member details Mobile number: Email address:
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Best day/time to contact:

Day	Time	CO reading:
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Referral notes:	Risks/safeguarding concerns/ previous miscarriage:
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Smoker at time of booking? (please tick) Yes No

If CO reading is four or above, or if the person is a smoker, the Smokefree Service will contact them.

Contact method:

I consent to be contacted by a One You Adviser for the purposes of this referral in the following ways (please tick):

Phone Text Email Voicemails

If we know your address, we can post information to you if we are unable to get hold of you over the phone. Your address will not be used for other marketing material or sent to any other third party.

KCHFT will keep your information in accordance with the General Data Protection Regulation and the Data Protection Act 2018. For further information please see our privacy notice at: www.kentcht.nhs.uk/personalinfo

Does the client have a sight, hearing impairment or learning difficulty?	Interpreter needed <input type="checkbox"/> Language required
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Referred by:

Name:	
Organisation / base:	
Email:	
Phone:	Date:

Please return this form via email to:
kentchft.oneyoukent@nhs.net