

Supply of Oxygen - Service User Agreement

A: DETAILS OF SERVICE USER

Name:	Forename(s):
Date of Birth:	Age:
Name & Practice Address of GP:	

You have been prescribed oxygen therapy as a treatment to improve your blood oxygen levels. It is your responsibility as the service user to use and handle the medical oxygen supply correctly and safely. You (or your advocate) are asked to confirm your understanding of the following points in relation to the safe use of oxygen in your home:

B: AGREEMENT FOR THE SUPPLY OF OXYGEN

1	I agree to use oxygen at a rate no greater than the prescribed rate. I understand that my GP / Healthcare Professional may vary this rate according to the degree of my response to the therapy.
2	I understand the very real hazards associated with smoking in the vicinity of the oxygen supply, and I consent to an appropriate Risk Assessment being carried out.
3	I agree to my GP / Healthcare Professional informing the Fire Service that I am a home oxygen user for safety purposes.
4	I will not share my oxygen therapy with anyone, and will safeguard the oxygen from loss or theft. I understand that I will be held liable for lost or stolen oxygen cylinders.
5	I agree to store oxygen cylinders securely in an upright position in the cradles provided, and away from extremes of temperature.
6	I will allow the oxygen supplier to enter my home to maintain their equipment, or to alter prescribed oxygen rates, or to calibrate flow gauges, as may be necessary.
7	I will allow the oxygen to be collected from my home once my GP / Healthcare Professional discontinues the oxygen therapy.

I agree to these conditions and to follow the guidelines that have been fully explained to me. My questions and concerns regarding oxygen therapy have been answered to my satisfaction. A copy of this Agreement has been given to me.

Signature of Service User / Advocate: _____ Date: _____

Signature of Care Staff Member: _____ Date: _____

Signature of GP / Healthcare Professional: _____ Date: _____