



**Public Health
England**

CONFIDENTIAL All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS

Date completed

Agency name

Completed by/Keyworker

TOP Care Coordinator Y/N

CLIENT DETAILS - Note: Initials, DOB and Gender form the attributer

Client Reference

Client's Consent to NDTMS Y/N

First name initial

Surname initial

Date of Birth dd/mm/yyyy

Sex M/F at birth

Ethnicity

Nationality at birth

EPISODE DETAILS

Address

Postcode

DAT of residence

Local Authority

Accommodation need

Religion/belief

Disability 1

Disability 2

Disability 3

Employment status

Time since last paid employment

Referral date

Referral source

Assessment/triage date

Care Plan started date

Drug treatment healthcare assessment date

Previously treated for structured treatment Y/N

EPISODE DETAILS - Substance use information

Problem substance 1

Age first used main substance

Route main substance

Problem substance 2

Please state if no second or third substance

Problem substance 3

Number of drinking days (0-28) in last 28 days

Injecting status any substance

Units of alcohol typical drinking day

SADQ score

EPISODE DETAILS - Baseline Client Information Review (CIR)

Hep B intervention status	<input type="text"/>	Hep B vaccination count	<input type="text"/>
Hep C intervention status	<input type="text"/>	Hep C tested <small>Y/N/not asked</small>	<input type="text"/>
Hep C latest test date	<input type="text"/>	Hep C test result antibody status	<input type="text"/>
Hep C test result PCR RNA status	<input type="text"/>		
Parental status	<input type="text"/>	Children living with client	<input type="text"/>
Client's children or children living with client receiving early help or in contact with social care	<input type="text"/>	Pregnant	<input type="text"/>
Mental health treatment need <small>Y/N</small>	<input type="text"/>	Receiving treatment for mental health need	<input type="text"/>

INTERVENTION/MODALITY INFORMATION - there can be more than one intervention per episode

Intervention type	<input type="text"/>	Setting <small>if different to agency default setting</small>	<input type="text"/>
Date referred to intervention	<input type="text"/>	Date first appointment offered	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention end date	<input type="text"/>
Intervention exit status	<input type="text"/>		

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Intervention exit status	<input type="text"/>		

TIME IN TREATMENT INFORMATION

Time in treatment assessment date Time in treatment tick one >0-<15 15-<25 =>25

Time in treatment is recorded at episode level to include a total of ALL 'high level' interventions including Recovery Support - it is not required if delivering RS only

DISCHARGE INFORMATION

Discharge date Discharge reason