Public Health England

CONFIDENTIAL All white boxes should be completed where there is an update following the client's review. Grey boxes not submitted to NDTMS.

Date completed

Agency name

Completed by/Keyworker

TOP Care Coordinator   Y/N

Client Reference

CLIENT DETAILS - the following is for information and should not change - if changed, will create a validation mismatch

First name   initial

Surname   initial

Date of Birth   dd/mm/yyyy

Gender M/F at birth

EPISODE DETAILS - the following may change throughout the episode (ie current information)

Client's Consent to NDTMS   Y/N

Hep C latest test date

Address

DAT   of residence

Local Authority

Postcode

CLIENT INFORMATION REVIEW (CIR)

Client information review date

Hep B vaccination count

Hep B intervention status

Hep C tested   Y/N/not asked

Hep C intervention status

Hep C test result antibody status

Hep C test result PCR RNA status

Parental status

Children living with client

Client's children or children living with client receiving early help or in contact with social care

Pregnant   Y/N

Mental health treatment need Y/N

Receiving treatment for mental health need

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. Only complete a new time in treatment if the threshold changes throughout the episode.

DISCHARGE INFORMATION

Discharge date

Discharge reason

INTERVENTION/MODALITY INFORMATION - complete to end interventions or to add new ones to an existing episode

Intervention type [ ]   **Setting**
if different to agency default setting [ ]

Date referred to intervention [/ /]   **Date first appointment offered** [/ /]

Intervention start date [/ /]   **Intervention end date** [/ /]

Intervention exit status [ ]

Intervention type [ ]   **Setting**
if different to agency default setting [ ]

Date referred to intervention [/ /]   **Date first appointment offered** [/ /]

Intervention start date [/ /]   **Intervention end date** [/ /]

Intervention exit status [ ]

Intervention type [ ]   **Setting**
if different to agency default setting [ ]

Date referred to intervention [/ /]   **Date first appointment offered** [/ /]

Intervention start date [/ /]   **Intervention end date** [/ /]

Intervention exit status [ ]

SUB-INTERVENTION REVIEW INFORMATION

Sub-intervention review date [/ /]

Pharmacological sub-intervention review   Y/N

Stabilisation [ ]   Maintenance [ ]   Withdrawal [ ]   Relapse prevention [ ]   Alcohol withdrawal [ ]   Alcohol relapse prevention [ ]

Client prescribed

Supervised methadone [ ]   Unsupervised methadone [ ]   Supervised buprenorphine [ ]   Unsupervised buprenorphine [ ]

Supervised buprenorphine/naloxone [ ]   Unsupervised buprenorphine/naloxone [ ]   Diamorphine [ ]   Naltrexone [ ]

Chlordiazapoxide [ ]   Acamprosate [ ]   Nalmefene [ ]   Disulfiram [ ]

Other medication [ ]

Psychosocial sub-intervention review   Y/N

Motivational interventions [ ]   Psychosocial for co-existing mental health [ ]   Counselling (BACP accredited) [ ]

Contingency management [ ]   Psychodynamic therapy [ ]   Cognitive and behavioural interventions [ ]

Family and social network [ ]   12-step work [ ]

Recovery Support sub-intervention review   Y/N

Peer support involvement [ ]   Education and training support [ ]   Smoking cessation [ ]

Facilitated access to mutual aid [ ]   Supported work projects [ ]   Hep C treatment [ ]

Family support [ ]   Recovery check-ups [ ]   Domestic abuse/violence support [ ]

Parenting support [ ]   Behavioural based relapse prevention [ ]   Take home Naloxone and training information [ ]

Housing support [ ]   Complementary therapies [ ]

Employment support [ ]   Mental health focussed intervention [ ]