



**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

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)

Address

Client's Consent to NDTMS Y/N

DAT of residence

Postcode

Local Authority

YP offered a screen specifically for chlamydia

YP offered a screen for sexually transmitted infections

CLIENT INFORMATION REVIEW (CIR)

Client information review date

Hep B intervention status

Hep C intervention 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

SUB-INTERVENTION REVIEW

Sub-intervention review date

Psychosocial sub-intervention review Y/N

Cognitive and behavioural interventions <input type="checkbox"/>	Motivational interventions <input type="checkbox"/>	Structured family interventions <input type="checkbox"/>
Multi-component programmes <input type="checkbox"/>	Contingency management <input type="checkbox"/>	Counselling <input type="checkbox"/>

Multi-agency sub-intervention review Y/N

Employment/volunteering <input type="checkbox"/>	Housing <input type="checkbox"/>	Education/training <input type="checkbox"/>
Generic family support <input type="checkbox"/>	Generic parenting support <input type="checkbox"/>	Peer support involvement <input type="checkbox"/>
Mental health <input type="checkbox"/>	Offending <input type="checkbox"/>	Health <input type="checkbox"/>
Sexual health/pregnancy <input type="checkbox"/>	Meaningful activities <input type="checkbox"/>	Disability services <input type="checkbox"/>
Behavioural services <input type="checkbox"/>	Young carers <input type="checkbox"/>	Smoking cessation <input type="checkbox"/>
Youth services <input type="checkbox"/>	Social care <input type="checkbox"/>	

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

DISCHARGE INFORMATION

Discharge date	<input type="text"/>	Discharge reason	<input type="text"/>
YP met goals agreed on care plan at treatment exit		Y/N	<input type="text"/>
YP offered continuing support from non-substance misuse services at discharge		Y/N/No further support required	<input type="text"/>

ADDITIONAL INFORMATION