CLIENT REVIEW/EXIT FORM ADULT SECURE ESTATE CDS P April 2020

CONFIDENTIAL All white boxes should be completed as appropriate where there is an update following the client's review, a discharge from structured treatment or a prison exit. Grey boxes not submitted to NDTMS.				
Engl			Keyworker	
Client	First name initial Date of Birth dd/mm/yyyy	Surname initial Sex at registration of birth		
Episode	Hep C intervention status - tick one Hep C intervention status - tick one Offered and accepted Offered and accepted Offered and accepted Offered and accepted Offered and accepted Offered and accepted Offered and accepted	-	 Deferred du Not offered Assessed as Deferred du 	s not appropriate to offer e to clinical reasons s not appropriate to offer e to clinical reasons
Interventions - end or add new	Intervention typeIntervention typeIntervention start dateIntervention start dateIntervention end dateIntervention start dateIntervention typeIntervention start dateIntervention start dateIntervention start dateIntervention end dateIntervention start dateIntervention end dateIntervention start dateIntervention start dateIntervention start dateIntervention end dateIntervention start date	start date	103. Benzodiazi 104. Lofexidine 105. Naltrexone 106. Opioid re-i 107. Opioid red 108. Opioid red 109. Opioid ma 110. Opioid ma 77. Alcohol - pr 84. Psychosocia 85. Other struct 5. Structured D 12. Other struct	e induction luction – methadone luction - buprenorphine intenance - methadone intenance - buprenorphine escribing al Intervention Mental Disorder tured psychosocial intervention
Discharge and Prison Exit	Used NPS during treatment Yes / No / Declined to answer Discharge date	Prison exit date Prison exit reason Prison exit destination Referral on release status Referred to recovery supp Referred to structured treat Referred to structured treat No onward referral Take home naloxone & trat Has the client been senter Referred to Hep C treatment within establishment or to service at release Did the client receive treat mental health during stay	- tick one ort services atment provider atment provider and aining provided nced? ent during stay o community	sferred / Died / Absconded sferred / Died / Absconded recovery support Yes / No
	Incomplete - onward referral offered and refused	Referral for alcohol-relate	d liver disease	Yes / No / Unknown