

# CLIENT INITIAL CONTACT FORM ADULT COMMUNITY CDS-Q

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

Date completed    Agency name  Completed by/Keyworker

CLIENT DETAILS

Client reference  Client's consent to NDTMS Y/N

First name initial  Surname initial

Date of birth dd/mm/yyyy  Sex client stated sex

Ethnicity  Country of birth

IPS Client? Y/N (IPS clients only)  Client's consent to IPS Y/N (IPS clients only)

NI number IPS only

GEOGRAPHIC & REFERRAL INFO

Address  Postcode Full postcode for IPS

DAT of residence  Local authority

Referral date to service  Referral date structured treatment

Referral source  Assessment/triage date

Previously treated for structured treatment Y/N  TOP care coordination Y/N

ADDITIONAL CLIENT INFORMATION

Sexual orientation  Pregnant female only

Religion/belief  Disability record up to 3 options 1

Current housing situation  2

At threat of Homelessness next 56 days  3

Time since last paid employment  Employment status

Received money/goods for sex?  British armed forces veteran Y/N/declined to answer

Victim of domestic abuse?  Abused anyone close to them?

SAFEGUARDING

Parental responsibility Y/N/declined to answer  Do any of these children live with client? the majority of the time  If parental responsibility answer is 'No', leave this question blank.

Number of under 18s living with client at least one night a fortnight. The total number of children under 18 that live in the same household as the client. The client does not necessarily need to have parental responsibility for the children (eg relatives or friends).

If the client has parental responsibility and/or children living with them, what help are the children receiving? record up to 3 options 1

2

3

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# CLIENT INITIAL CONTACT FORM ADULT COMMUNITY CDS-Q

SUBSTANCE USE

Problem substances

record up to 3 options

1

2

3

Age first used

main substance

Injecting status

any substance

SADQ score

HEALTHCARE INFORMATION

Healthcare assessment date

Hep B intervention status

Hep C intervention status

Hep C test date at/prior to triage

Hep C test result antibody

status Positive/negative/unknown

Hep C test result PCR RNA

status

Referred for Hep C treatment

Y/N

Referred for alcohol-related liver disease

investigation in last 4 weeks Y/N/unknown

HIV positive

Y/N/unknown/declined to answer

HIV test date at/prior to triage

Client ever administered with naloxone

Y/N/unknown/declined to answer

Client issued with naloxone

Mental health treatment need

Y/N/declined to answer

Receiving treatment for mental

health need record up to 3 options

1

2

3

If mental health treatment need answer is 'No', leave this question blank.

INTERVENTION/MODALITY INFORMATION

	Intervention One	Intervention Two	Intervention Three
Intervention Type			
Setting (if different to default)			
Date referred to intervention			
Date of first appointment offered			
Intervention start date			
Intervention end date			

DISCHARGE

Discharge date

Discharge reason