

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

Date completed Client/NOMS ID Keyworker

KEY - U updateable item

Client Details

First name initial

Surname initial

Date of Birth dd/mm/yyyy

Client stated sex

Country of birth

Ethnicity

White British Indian Chinese

White Irish Pakistani Other

Other White Bangladeshi White Gypsy or Roma or Traveller or Irish Traveller

White & Black Caribbean Other Asian Not stated

White & Black African Caribbean Unknown

White & Asian African

Other Mixed Other Black

Consent for NDTMS **u** Yes / No Postcode

DAT of residence

Initial Reception Date Reception Date

Transferred From Assessment/triage date

Client stated sexual orientation

Heterosexual Bi-sexual Not stated Not known (not recorded)

Gay or lesbian Person asked and does not know or is not sure Other sexual orientation not listed

Pregnant (female only) Yes / No

Religion / belief

Baha'i Christian Jain Muslim Sikh Other Declines to answer

Buddhist Hindu Jewish Pagan Zoroastrian None Unknown

Disability up to 3 options can be selected

1. 2. 3.

1. Behaviour and emotional 3. Manual dexterity 5. Mobility and gross motor 7. Personal, self-care and continence 9. Sight XX. Other ZZ. Not stated

2. Hearing 4. Learning disability 6. Perception of physical danger 8. Progressive conditions and physical health 10. Speech NN. No disability

Time since last paid employment **British Armed Forces veteran** Yes / No / Declined to answer

Client's current housing situation

1. Owns home 2. Rented home only - self contained from private landlord 3. Rented home only - self contained from a social landlord LA or housing association

4. Rented home only shared from private landlord 5. Rented home only - shared from a social landlord LA or housing association 6. Other - uni or college

7. Other - living with friends permanently 8. Other - living with family permanently 9. Other - supported accom 10. Other - health care setting

11. Other - accom tied to job (including Armed Forces) 12. Other - approved premises 13. Other - authorised Gypsy and Traveller site 14. No home of their own - living with friends as a short term guest

15. No home of their own - living with family as a short terms guest 16. No home of their own - sofa surfing

17. No home of their own - lives on streets/rough sleeping 18. No home of their own - squatting 19. No home of their own - night/winter shelter

20. No home of their own - B&B or other hotel 21. No home of their own - hostel 22. No home of their own - supported accom 23. No home of their own - temp housing 24. No home of their own - unauthorised Gypsy and Traveller encampment

Has the client ever received money or goods in exchange for sex? Yes in past year / Yes but not in past year / No / Declined to answer

Has the client ever been the victim of domestic abuse? Yes - currently (last 28 days) / Yes - previously / Yes - currently and previously / No / Client declined to answer / Not appropriate to ask

Has the client ever abused someone close to them? Yes - currently (last 28 days) / Yes - previously / Yes - currently and previously / No / Client declined to answer / Not appropriate to ask

Parental responsibility of children U18 Yes / No / Declined to answer

If client has parental responsibility, do any of these children live with the client? NB If Parental responsibility answer above is No: do not answer this question

1. All 2. Some 3. None 4. Declined to answer

Number of children aged U18 living with client (the client does not necessarily need to have parental responsibility for these children)

If client has parental responsibility and/or children living with them, what help are the children receiving?

1. 2. 3.

1. Early Help (family support)

2. Child in need (LA service)

3. Has a child protection plan (LA service)

4. Looked after child (LA service)

5. None of the children are receiving any help

6. Other relevant child or family support services

7. Not known

99. Client declined to answer

Consent, Geographic, Referral, Additional and Substance

Substance

Problem substance
up to 3 options can be selected

1.

2.

3.

Injecting status [Previous](#) / [Current](#) / [Never](#) / [Declined to answer](#)

Alcohol AUDIT score

Healthcare

Hep B intervention status U - tick one option

Offered and accepted - not yet had any vaccinations
 Offered and accepted - refused at later date
 Not offered
 Offered and accepted - started having vaccinations
 Offered and refused
 Assessed as not appropriate to offer
 Offered and accepted - completed vaccination course
 Immunised already
 Deferred due to clinical reasons

Hep C intervention status U - tick one option

Offered and accepted - not yet had a test
 Offered and refused
 Deferred due to clinical reasons
 Offered and accepted - had a hep C test
 Not offered
 Offered and accepted - refused at a later date
 Assessed as not appropriate to offer

Hep C latest test date U

Is the client HIV positive U Yes / No / Unknown / Declined to answer **HIV latest test date** U

Dual Diagnosis Yes / No **Mental health interv. prior to custody** Yes / No / Declined to answer

Interventions

Intervention type	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Intervention start date	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Intervention end date	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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Intervention start date	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Intervention end date	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Select one or more from...

- 103. Benzodiazepines detoxification
- 104. Lofexidine
- 105. Naltrexone
- 106. Opioid re-induction
- 107. Opioid reduction - methadone
- 108. Opioid reduction - buprenorphine
- 109. Opioid maintenance - methadone
- 110. Opioid maintenance - buprenorphine
- 115. Opioid maintenance - buprenorphine depot injection
- 116. Opioid reduction - buprenorphine depot injection
- 77. Alcohol - prescribing
- 84. Psychosocial Intervention Mental Disorder
- 85. Other structured psychosocial Intervention
- 5. Structured Day Programme
- 12. Other structured intervention
- 76. Alcohol - brief intervention

Discharge and Prison Exit

Discharge date

Discharge reason - tick one option

Treatment completed - drug-free
 Treatment completed - alcohol-free
 Treatment completed - occasional user (not opiates or crack)
 Transferred - not in custody
 Transferred - in custody
 Transferred - re-commissioning transfer
 Incomplete - dropped out
 Incomplete - treatment withdrawn by provider
 Incomplete - treatment commencement declined by client
 Incomplete - client died
 Incomplete - deported
 Incomplete - released from court
 Incomplete - onward referral offered and refused

Used PS during treatment U Yes / No / Declined to answer

Prison exit date

Prison exit reason Released / Transferred / Died / Absconded

Prison exit destination

Referral on release status - tick one option

Referred to recovery support services
 Referred to structured treatment provider
 Referred to structured treatment provider and recovery support
 No onward referral

Take home naloxone & training provided Yes / No

Has the client been sentenced? Yes / No

Referred to Hep C treatment during stay in establishment or to community on release Yes / No

Did the client receive treatment for their mental health during stay Yes / No

Referral for alcohol-related liver disease U Yes / No / Unknown

Has the client been provided with reconnect support? Yes (standard) / Yes (enhanced) / No

Is client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate? Yes / No