	CLIENT CONTACT FORM YOUNG PERSONS SECURE ESTATE CDS-Q v1						
	CONFIDENTIAL All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS				ΓMS		
	Date	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			n Black Caribbean Black African Asian	Other Asian Caribbean African Other Black Chinese Other White Gypsy or Roma or Traveller or Irish Traveller Not stated Unknown		
$\equiv$		Vez (Ne		5111			
	Consent for NDTMS u	Yes / No	Postcode				
and Substance	DAT of residence						
	Initial Reception Date		Reception Date				
	Transferred From		Assessment/triage date				
	Pregnant (female only)  Yes / No						
	Accommodation need prior to entry into the secure estate one option to be selected from below  26. Living with parents, relatives or other carers  27. Living independently in settled accommodation  28. Living independently in unsettled accommodation  29. Living independently with No Fixed Abode  31. Living in specifically commissioned housing  33. Has been placed in care, e.g children's homes, foster care for looked after child						
	Disability to a settlem on the set						
	Disability up to 3 options can be selected.  1. Behaviour and emotional 3. Manual of		7. Personal, self-care and continence	9. Sight	XX. Other ZZ. Not stated		
Referral, Additional	2. Hearing 4. Learning	disability 6. Perception of physical danger	8. Progressive conditions and physic	al health 10. Spee	ch NN. No disability		
	Has the client ever been vic of domestic abuse	Yes - currently (last 28 days) Yes - previously	<ul><li>Yes - currently &amp; previousl</li><li>Client declined to answer</li></ul>	y C	No Not appropriate to ask		
	Has the client ever abused	Yes - currently (last 28 days)	Yes - currently & previousl	ly C	) No		
Ä,	someone close to them	Yes - previously	O Client declined to answer	С	)Not appropriate to ask		
Consent, Geographic,	Parental responsibility of children U18 Yes / No / Declined to answer		If client has parental responsibility and/or children living with them, what help are the children receiving? up to 3 options can be selected				
	If client has parental responsibility, do any of these children live with the client if Parental responsibility is 'No' do not answer this question		1.	1. Early Help 2. Child in need			
			2.	3. Has a child protection plan			
Con	How many children U18 in total live in the same household as the client the client does not necessarily need to have parental responsibility for these children		3.		children are receiving any help		
	Problem substance up to 3 options can be selected		Injecting status	Previous / Currer	nt / Never / Declined to answer		
	2.		Alcohol AUDIT score				
	3.				CONTINUE OVER PAGE		

$\overline{}$	Hep B intervention status U - tick one option					
Healthcare	Offered and accepted - not yet had any vaccinations Offered	and accepted - refused at later date	O Not offered			
	Offered and accepted - started having vaccinations Offered	and refused	Assessed as not appropriate to offer			
	Offered and accepted - completed vaccination course Immunis	ed already	Deferred due to clinical reasons			
	, , , , , , , , , , , , , , , , , , , ,					
	Hep C intervention status U - tick one option					
eal	Offered and accepted - not yet had a test Offered	and refused	O Deferred due to clinical reasons			
Ĭ	Offered and accepted - had a hep C test Not offer	ed				
	Offered and accepted - refused at a later date Assesse	d as not appropriate to offer	J			
	Dual Diagnasia V. (N					
	Dual Diagnosis Yes / No					
days prior	YP care status	YP being sexually exploited				
	1. Looked after child	Yes / No / Unknown / Declined to answer				
	2. Not looked after child or child in need	VD advection status				
	3. Child in need	YP education status				
		)	conomically inactive caring role			
ys	YP self-harmed Yes / No / Unknown / Declined to answer		conomically inactive health issue			
da		3. Temporarily excluded 12. Voluntary work 4. Permanently excluded 13. Regular employment				
28	YP registered with GP	)	lot in employment or training (NEET)			
	Yes / No / Unknown / Declined to answer	6. Apprenticeship or training Z. Declined to answer				
Status in the		VD anguaged in supports any				
	YP subject to Child Protection Plan	YP engaged in unsafe sex Yes / No / Unknown / Declined to answer				
	1. Is YP currently subject to CPP	YP involved in gangs				
Sta	2. Has YP never been subject to CPP	Yes / No / Unknown / Declined to answer				
	3. Has YP previously been subject to CPP					
	YP affected by child criminal exploitation	YP affected by substance miss	163/140			
	Yes / No / Unknown / Declined to answer	family/members of their house	eiloid :			
	Intervention type		) i			
ns	Intervention type Intervention t	Select one of more from below				
	Intervention start date Intervention s	start date	52. YP harm reduction (specialist)			
tio	Intervention end date Intervention e	and date	56. YP specialist pharmacological intervention 63. YP psychosocial - counselling			
Interventions			64. YP psychosocial - cognitive behavioural			
e L	Intervention type Intervention t	уре	therapy 65. YP psychosocial - motivational interviewing			
<u>=</u>	Intervention start date Intervention s	start date	66. YP psychosocial - relapse prevention			
	Intervention and date	and data	67. YP psychosocial - family work			
	Intervention end date Intervention e	end date	J			
		<b>.</b>				
	Discharge date	Prison exit date				
tion	Discharge reason - tick one option	Prison exit reason	Released / Transferred / Died / Absconded			
	Discharge reason - tick one option	Prison exit destination				
	Treatment completed - drug-free					
ma	Treatment completed - occasional user (not opiates or crack)	Referral on release status - tick	s one option			
<u>o</u> .	Transferred - not in custody	<ul> <li>Referred to youth offending team and structured treatment provider</li> <li>Referred to youth offending team</li> <li>Referred to structured treatment provider</li> </ul>				
ī	Transferred - in custody					
xit	Transferred - recommissioning transfer					
Discharge / Exit Information	Incomplete - dropped out	○ No onward referral				
	Incomplete - treatment withdrawn by provider     Incomplete - treatment commencement declined by client		Yes - Standard reconnect support			
		Has the client been provided				
40	_ '	-	<ul> <li>Yes - Enhanced reconnect support</li> </ul>			
Dis	O Incomplete - client died	with reconnect support?	Yes - Enhanced reconnect support     No			
Disc	Incomplete - client died Incomplete - deported	with reconnect support?				
Disc	O Incomplete - client died	-	O No			