

# CLIENT INITIAL CONTACT FORM ADULT COMMUNITY DATASET R

**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

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

## GEOGRAPHIC & REFERRAL INFO

Address  Postcode Full postcode for IPS

Upper Tier Local Authority  Lower Tier 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

Current housing situation

At threat of Homelessness next 56 days

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   
For a child aged under 18 If parental responsibility answer is 'No', leave this question blank.

Number of under 18s living with client at least one night a fortnight.  If the client has parental responsibility and/or children living with them, what help are the children receiving? record up to 3 options

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).

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## 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

**Referral date for Hep C**

treatment

**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

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

1

2

3

## INTERVENTION/MODALITY INFORMATION

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

## DIS-

**Discharge date**

**Discharge reason**