

CONFIDENTIAL All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS**KEY - U updateable item****28 - 28 days prior to Initial Reception**

Date completed

Client/NOMS ID

Keyworker

Client Details

First name initialSurname initialDate of Birth dd/mm/yyyy

Client stated sex

Country of birth

Ethnicity

- | | | |
|---|-----------------------------------|---|
| <input type="radio"/> White British | <input type="radio"/> Indian | <input type="radio"/> Chinese |
| <input type="radio"/> White Irish | <input type="radio"/> Pakistani | <input type="radio"/> Other |
| <input type="radio"/> Other White | <input type="radio"/> Bangladeshi | <input type="radio"/> White Gypsy or Roma or Traveller or Irish Traveller |
| <input type="radio"/> White & Black Caribbean | <input type="radio"/> Other Asian | <input type="radio"/> Not stated |
| <input type="radio"/> White & Black African | <input type="radio"/> Caribbean | <input type="radio"/> Unknown |
| <input type="radio"/> White & Asian | <input type="radio"/> African | |
| <input type="radio"/> Other Mixed | <input type="radio"/> Other Black | |

Consent for NDTMS U

Yes / No

Postcode

Upper Tier Local Authority

Initial Reception Date

Reception Date

Transferred From
(other secure setting)

Assessment/triage date

Client stated sexual orientation

- | | | | |
|--------------------------------------|---|---|--|
| <input type="radio"/> Heterosexual | <input type="radio"/> Bi-sexual | <input type="radio"/> Not stated | <input type="radio"/> Not known (not recorded) |
| <input type="radio"/> Gay or lesbian | <input type="radio"/> Person asked and does not know or is not sure | <input type="radio"/> Other sexual orientation not listed | |

Pregnant

Yes / No

Religion / belief

- | | | | | | | |
|--------------------------------|---------------------------------|------------------------------|------------------------------|-----------------------------------|-----------------------------|--|
| <input type="radio"/> Baha'i | <input type="radio"/> Christian | <input type="radio"/> Jain | <input type="radio"/> Muslim | <input type="radio"/> Sikh | <input type="radio"/> Other | <input type="radio"/> Declines to disclose |
| <input type="radio"/> Buddhist | <input type="radio"/> Hindu | <input type="radio"/> Jewish | <input type="radio"/> Pagan | <input type="radio"/> Zoroastrian | <input type="radio"/> None | <input type="radio"/> 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 28

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 28

Yes / No / Declined to answer

If client has parental responsibility, do any of these children live with the client? 28 NB If Parental responsibility answer above is No: do not answer this question The majority of the time.

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

Number of children aged U18 living with client 28

At least one night a fortnight, 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

Substance	Problem substance up to 3 options can be selected	<div>1.</div> <div>2.</div> <div>3.</div>	Number of drinking days 28	<div></div>	Typical number of units of alcohol consumed 28	<div></div>	Injecting status 28	<div>Previously / Currently / Never / Declined to answer</div>	Alcohol AUDIT score	<div></div>	
	Healthcare	Hep B intervention status - tick one option U									
		<div><div><div><input type="radio"/> Offered and accepted - not yet had any vaccinations</div><div><input type="radio"/> Offered and accepted - started having vaccinations</div><div><input type="radio"/> Offered and accepted - completed vaccination course</div></div><div><div><input type="radio"/> Offered and accepted but refused at later date</div><div><input type="radio"/> Offered and refused</div><div><input type="radio"/> Immunised already</div></div><div><div><input type="radio"/> Not offered</div><div><input type="radio"/> Assessed as not appropriate to offer</div><div><input type="radio"/> Deferred due to clinical reasons</div></div></div>									
Hep C intervention status - tick one option U											
<div><div><div><input type="radio"/> Offered and accepted - not yet had a test</div><div><input type="radio"/> Offered and accepted - had a hep C test</div><div><input type="radio"/> Offered and accepted but refused at a later date</div></div><div><div><input type="radio"/> Offered and refused</div><div><input type="radio"/> Not offered</div><div><input type="radio"/> Not appropriate to test/re-test</div></div><div><div><input type="radio"/> Deferred due to clinical reasons</div></div></div>											
Hep C latest test date U			<div></div>								
Is the client HIV positive U			<div>Yes / No / Unknown / Declined to answer</div>			HIV latest test date U		<div></div>			
Dual Diagnosis			<div>Yes / No</div>			Mental health interv. prior to custody 28		<div>Yes / No / Declined to answer</div>			
Interventions	Intervention type		<div></div>		<div></div>		Select one or more from...				
	Intervention start date		<div></div>		<div></div>		103. Benzodiazepines detoxification				
	Intervention end date		<div></div>		<div></div>		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*			
								120. Facilitated access to mutual aid*			
								121. Drug Recovery Wing (DRW)			
								122. Incentivised Substance Free Living (ISFL)			
								* non-structured treatment, should not be reported in isolation.			
Discharge and Prison Exit	Discharge date		<div></div>		Prison exit date		<div></div>				
	Discharge reason - tick one option				Prison exit reason		<div>Released / Transferred / Died / Absconded</div>				
	<div><div><div><input type="radio"/> Treatment completed - drug-free</div><div><input type="radio"/> Treatment completed - alcohol-free</div><div><input type="radio"/> Treatment completed - occasional user (not opiates or crack)</div><div><input type="radio"/> Transferred - not in custody</div><div><input type="radio"/> Transferred - in custody</div><div><input type="radio"/> Transferred - recommissioning transfer</div><div><input type="radio"/> Incomplete - dropped out</div><div><input type="radio"/> Incomplete - treatment withdrawn by provider</div><div><input type="radio"/> Incomplete - treatment commencement declined by client</div><div><input type="radio"/> Incomplete - client died</div><div><input type="radio"/> Incomplete - deported</div><div><input type="radio"/> Incomplete - released from court</div><div><input type="radio"/> Incomplete - onward referral offered and refused</div></div></div>				Prison exit destination		<div>UTLA or other secure setting</div>				
					Referral on release status - tick one option Only required if 'released'						
Used Receptor Agonists (SCRAs) during treatment U		<div>Yes / No / Declined to answer</div>		Has the client been sentenced?		<div>Yes / No</div>		Take home naloxone & training provided Only required if 'released'		<div>Yes / No</div>	
Initial 13-week clinical review undertaken (OST only) U		<div>Yes / No / Unknown</div>		Did the client receive treatment for their mental health during stay		<div>Yes / No</div>		Referred to Hep C treatment during stay in establishment or to community on release		<div>Yes / No / Refused</div>	
				Referred to Hep C treatment date		<div></div>		Referral for alcohol-related liver disease U		<div>Yes / No / Unknown</div>	
				Has the client been provided with reconnect support? Only required if 'released'		<div>Yes (standard) / Yes (enhanced) / No</div>		Is client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate? Only required if 'released'		<div>Yes / No</div>	