

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

☐ White British☐ White Irish☐ Other White☐ White & Black Caribbean☐ White & Black African☐ White & Asian☐ Other Mixed☐ Indian☐ Pakistani☐ Bangladeshi☐ Other Asian☐ Caribbean☐ African☐ Other Black☐ Chinese☐ Other☐ White Gypsy or Roma or Traveller or Irish Traveller☐ Not stated☐ UnknownConsent 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

☐ 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

Yes / No

Religion / belief

☐ Baha'i☐ Christian☐ Jain☐ Muslim☐ Sikh☐ Other☐ Declines to disclose☐ Buddhist☐ Hindu☐ Jewish☐ Pagan☐ Zoroastrian☐ None☐ UnknownDisability 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 askParental responsibility of children U18 28

Yes / No / Declined to answer

If client has parental responsibility, do
any of these children live with the cli-
ent? 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></div><div></div><div></div></div>										
Is the client HIV positive U <div>Yes / No / Unknown / Declined to answer</div>										
HIV latest test date U <div><div></div><div></div><div></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> <div></div>	<div></div> <div></div> <div></div>	103. Benzodiazepines detoxification					
	Intervention end date		<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	104. Lofexidine					
					105. Naltrexone					
Intervention type										
Intervention start date										
Intervention end date										
Intervention type										
Intervention start date										
Intervention end date										
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> <div></div> <div></div>	Prison exit date						
	Discharge reason - tick one option			Prison exit reason						
	<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>			<div>Released / Transferred / Died / Absconded</div>						
				Prison exit destination						
Referral on release status - tick one option Only required if 'released'										
<div><div><div><input type="radio"/> Referred to structured treatment provider</div><div><input type="radio"/> Referred to non-structured treatment provider</div><div><input type="radio"/> No onward treatment referral</div></div></div>										
Has the client been sentenced?										
Take home naloxone & training provided										
Only required if 'released'										
Did the client receive treatment for their mental health during stay										
Referred to Hep C treatment during stay in establishment or to community on release										
Referred to Hep C treatment date										
Referral for alcohol-related liver disease U										
Has the client been provided with reconnect support?										
Only required if 'released'										
Is client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate?										
Only required if 'released'										