CLIENT REVIEW/EXIT FORM ADULT SECURE ESTATE DATASET R April 2024 v1		
CONFIDENTIAL All white boxes should be completed as appropriate when there is an update following the client's review, a discharge from structured treatment or an exit. Grey boxes not submitted to NDTMS.		
	Date completed Client/NOMS ID	Keyworker
Client	First name initial Surname initial	Date of Birth dd/mm/yyyy Client stated sex
Healthcare	 Offered and accepted - started having vaccinations Offered and accepted - completed vaccination course Immunis Hep C intervention status U - tick one option Offered and accepted - not yet had a test Offered and accepted - had a hep C test Not offered 	opriate to test/re-test
Interventions	Intervention type	Select one or more from 84. Psychosocial Intervention 103. Benzodiazepines detoxification 84. Psychosocial Intervention 104. Lofexidine 85. Other structured psychosocial 105. Naltrexone 5. Structured Day Programme 106. Opioid re-induction 12. Other structured intervention 107. Opioid reduction - methadone 76. Alcohol – brief intervention* 109. Opioid maintenance - methadone 120. Facilitated access to mutual aid* 110. Opioid maintenance - buprenorphine 121. Drug Recovery Wing (DRW) 115. Opioid reduction - buprenorphine depot injection 122. Incentivised Substance Free * non-structured treatment, should not be reported in isolation. * non-structured treatment, should not be reported in isolation.
	Discharge date Discharge reason - tick one option Treatment completed - drug-free Treatment completed - alcohol-free	Prison exit date ////////////////////////////////////
Discharge and Prison Exit	 Treatment completed - occasional user (not opiates or crack) Transferred - not in custody Transferred - in custody 	 Referred to structured treatment provider Referred to non- structured treatment provider No onward treatment referral
	 Transferred - recommissioning transfer Incomplete - dropped out Incomplete - treatment withdrawn by provider Incomplete - treatment commencement declined by client 	Has the client been sentenced?Yes / NoTake home naloxone & training provided Only required if 'released'Yes / NoDid the client receive treatment for their mental health during stayYes / No
	 Incomplete - client died Incomplete - deported Incomplete - released from court Incomplete - onward referral offered and refused 	Referred to Hep C treatment during stay in establishment or to community on release Yes / No / Refused Referred to Hep C treatment date ////////////////////////////////////
		Referral for alcohol-related liver disease Yes / No / Unknown
	Used Receptor Agonists (SCRAs) during treatment u	Has the client been provided with reconnect support? Only required if 'released'
	Initial 13 week clinical review undertaken (OST only) u	Is client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate?