## CLIENT INITIAL CONTACT FORM **DATASET R CONFIDENTIAL** All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS Date Agency name completed Client reference Client's consent to NDTMS Y/N **DETAILS** First name initial Surname initial Date of birth dd/mm/yyyy Sex client stated sex **Ethnicity** Country of birth NI number (IPS Client's consent to IPS? Y/N (IPS CLIENTS ONLY) ONLY) **Address** Postcode Full postcode for IPS **GEOGRAPHIC/ REFERRAL Upper Tier Local Lower Tier Local Authority** authority Referral date structured treatment Referral date to service Referral source Assessment/triage date Completed by/Keyworker Previously treated for structured treatment Y/N Accommodation Pregnant Y/N (female only) need ADDITIONAL CLIENT INFO & SAFEGUARDING Threatened with homelessness? 1 Disability Next 56 days Y/N record up to 3 options 2 Ever affected by domestic abuse? 3 Ever abused someone close to them? Do any of these children live with client? Parental responsibility Y/N/ the majority of the time declined to answer If parental responsibility answer is 'No', leave this question For a child aged under 18 Number of under 18s living with client If the client has paren-1 tal responsibility and/or at least one night a fortnight children living with The total number of children under 18 that live in the them, what help are the same household as the client. The client does not necessarily need to have parental children receiving? responsibility for the children (eg relatives or friends). 3 record up to 3 options **BSTANCE USE** 1 **Problem substances** record up to 3 options 2

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YOUNG PERSONS

Continued on next page

		CLIENT INITIAL CONTA	ACT FORM	YOUNG PERS	ONS D	ATASET R
		Healthcare assessment date		Hep B intervention status		
HEALTHCARE INFO	O N N	Hep C intervention status				
	CARE	Mental health treatment need	Receiving treatment for mental health need If mental	1		
	AL TE	Y/N/declined to answer		health treatment need answer is 'No', leave this question blank.	2	
	Ä				3	
		YP care status (at treatment start)		YP sexually exploited (prior t Y/N/unknown/declined to answer	o treatment start)	
	NOI	/P self harmed (prior to treatment start) //N/unknown/declined to answer		YP involved in anti-social behaviour or criminal act (on more than 1 occasion in past 6 months) Y/N		
ORMATI	FORMATION	YP education/training/employment status (at treatment start)		YP registered with GP (at treat Y/N/unknown/declined to answer	atment start)	
	CIFIC INF	YP engaged in unsafe sex (in 28 days prior to treatment start) Y/N/unknown/declined to answer		YP offered STI screen (includir offered & accepted/offered & refused	. ,	
	111					

INTERVENTION/MODALITY INFORMATION

DISCHARGE INFO

YP subject to a Child Protection Plan (CPP) (at treatment start)

YP affected by child criminal

Y/N/unknown/declined to answer

exploitation (prior to treatment start)

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

YP involved in gangs (prior to treatment start)

YP feels affected by substance misuse

in their close family/members of their

household (at treatment start) Y/N

Y/N/unknown/declined to answer

	intervention start date			
	Intervention end date			
_				
	P met goals agreed on care plan at reatment exit Y/N	n	P offered continuing support for on-substance misuse services ischarge Y/N/no further support req	at
	Discharge date		Discharge reason	