

## CLIENT REVIEW/EXIT FORM

## YOUNG PERSONS

## DATASET R

**CONFIDENTIAL** All white boxes should be completed where there is an update following the client's review. Grey boxes not submitted to NDTMS.

Date completed

Agency name

Completed by/Keyworker

Client Reference

CLIENT DETAILS - the following is for information and should not change - if changed, will create a validation mismatch

First name initial

Surname

initial

Date of Birth

dd/mm/yyyy

Sex Client stated sex

EPISODE DETAILS - the following may change throughout the episode (ie current information)

Address

Upper Tier Local Authority



Postcode Full if IPS

Lower Tier Local Authority

INTERVENTION/MODALITY INFORMATION - complete to end interventions or to add new ones to an existing episode

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

DISCHARGE INFORMATION

Discharge date

Discharge reason

YP met goals agreed on care plan at treatment exit Y/N

YP offered continuing support from non-substance misuse services at discharge Y/N/No further support required