

**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

Client/NOMS

Keyworker

Client Details

First name initial

Surname initial

Date of Birth dd/mm/yyyy

Client stated sex

Country of birth

Ethnicity

☐ White British

☐ White Irish

☐ Other white

☐ White and Black Caribbean

☐ White and Black African

☐ White and 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

☐ Unknown

Consent for NDTMS U

Yes / No

Postcode

Upper Tier Local Authority

Initial Reception Date

Reception Date

Transferred From (other secure setting)

Assessment/triage date

Pregnant

Yes / No

Accommodation need prior to entry into the secure estate 28 one option to be selected from below

26. Living with parents, relatives or other carers

28. Living independently in unsettled accommodation

31. Living in specifically commissioned housing

27. Living independently in settled accommodation

29. Living independently with No Fixed Abode

33. Has been placed in care, e.g children's homes, foster care for looked after child

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

Has the client ever been victim of domestic abuse

☐ Yes - currently (last 28 days)

☐ Yes - currently & previously

☐ No

☐ Yes - previously

☐ Client declined to answer

☐ Not appropriate to ask

Has the client ever abused someone close to them

☐ Yes - currently (last 28 days)

☐ Yes - currently & previously

☐ No

☐ Yes - previously

☐ 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

if Parental responsibility is 'No' do not answer this question

The majority of the time.

How many children U18 in total live in the same household as the 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? up to 3 options can be selected

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

Problem substance up to 3 options can be selected

1.

2.

3.

Number of drinking days 28

Typical number of units of alcohol consumed 28

Injecting status 28

Previous / Current / Never / Declined to answer

Alcohol AUDIT score

CONTINUE OVER PAGE

Consent, Geographic Information, Referral, Additional Client Information and Substance

## Yes / No