

**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

All / Some / None / Declined to answer

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

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

At least one night a fortnight, the client does not necessarily need to have parental responsibility for these children

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

Healthcare

Hep B intervention status **U** - tick one option

☐ Offered and accepted - not yet had any vaccinations

☐ Offered and accepted but refused at later date

☐ Not offered

☐ Offered and accepted - started having vaccinations

☐ Offered and refused

☐ Assessed as not appropriate to offer

☐ Offered and accepted - completed vaccination course

☐ Immunised already

☐ Deferred due to clinical reasons

Hep C intervention status **U** - tick one option

☐ Offered and accepted - not yet had a test

☐ Offered and refused

☐ Deferred due to clinical reasons

☐ Offered and accepted - had a hep C test

☐ Not offered

☐ Offered and accepted but refused at a later date

☐ Not appropriate to test/re-test

Dual Diagnosis

Yes / No

Status in the 28 days prior to custody

YP care status **28**

1. Looked after child

2. Not looked after child or child in need

3. Child in need

YP self-harmed **28**

Yes / No / Unknown / Declined to answer

YP registered with GP **28**

Yes / No / Unknown / Declined to answer

YP subject to Child Protection Plan **28**

1. Is currently subject to CPP

2. Has never been subject to CPP

3. Has previously been subject to CPP

YP affected by child criminal exploitation

Yes / No / Unknown / Declined to answer **28**

YP been sexually exploited **28**

Yes / No / Unknown / Declined to answer

YP education status **28**

1. Mainstream education

2. Alternative education

3. Temporarily excluded

4. Permanently excluded

5. Persistent absentee

6. Apprenticeship or training

10. Economically inactive caring role

11. Economically inactive health issue

12. Voluntary work

13. Regular employment

14. Not in education, employment or training (NEET)

Z. Declined to answer

YP engaged in unsafe sex **28**

Yes / No / Unknown / Declined to answer

YP involved in gangs **28**

Yes / No / Unknown / Declined to answer

Does YP feel affected by substance misuse in their close family/members of their household? **28**

Yes / No

Interventions

Intervention type

Intervention start date

Intervention end date

Intervention type

Intervention start date

Intervention end date

Select one or more from below

52. YP harm reduction (specialist)

56. YP specialist pharmacological intervention

63. YP psychosocial - counselling

64. YP psychosocial - cognitive behavioural therapy

65. YP psychosocial - motivational interviewing

66. YP psychosocial - relapse prevention

67. YP psychosocial - family work

Discharge / Exit Information

Discharge date

Discharge reason - tick one option

☐ Treatment completed - drug-free

☐ Treatment completed - occasional user (not opiates or crack)

☐ Transferred - not in custody

☐ Transferred - in custody

☐ Transferred - re-commissioning transfer

☐ Incomplete - dropped out

☐ Incomplete - treatment withdrawn by provider

☐ Incomplete - treatment commencement declined by client

☐ Incomplete - client died

☐ Incomplete - deported

☐ Incomplete - released from court

☐ Incomplete - onward referral offered and refused

Prison exit date

Prison exit reason

Prison exit destination

Referral on release status - tick one option

☐ Referred to structured treatment provider

☐ Referred to non-structured treatment provider

☐ No onward treatment referral

Is the client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate?

Yes / No