CLIENT REVIEW/EXIT FORM YOUNG PERSONS SECURE ESTATE CDS 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.

KEY

U - updateable item

Date [   ] **Client/NOMS ID** [   ] **Keyworker** [   ]

Client Details

First name initial [   ] [   ]

Surname initial [   ] [   ]

Date of Birth dd/mm/yyyy [   ]

Client stated sex [   ]

Healthcare

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

- ○ Offered and accepted - not yet had any vaccinations
- ○ Offered and accepted - started having vaccinations
- ○ Offered and accepted - completed vaccination course
- ○ Offered and accepted but refused at later date
- ○ Offered and refused
- ○ Immunised already
- ○ Not offered
- ○ Assessed as not appropriate to offer
- ○ Deferred due to clinical reasons

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

- ○ Offered and accepted - not yet had a test
- ○ Offered and accepted - had a hep C test
- ○ Offered and accepted but refused at a later date
- ○ Offered and refused
- ○ Not offered
- ○ Not appropriate to test/re-test
- ○ Deferred due to clinical reasons

Interventions

Intervention type [   ]
Intervention start date [   ]
Intervention end date [   ]

Intervention type [   ]
Intervention start date [   ]
Intervention end date [   ]

Intervention type [   ]
Intervention start date [   ]
Intervention end date [   ]

Intervention type [   ]
Intervention start date [   ]
Intervention end date [   ]

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 - recommissioning 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- ○ Incomplete - treatment withdrawn by provider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 [Released / Transferred / Died / Absconded]

Prison exit destination [UTLA or other secure setting]

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]