

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 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 - tick one option **U**

☐ 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

Interventions

Intervention type <input type="text"/>	Intervention type <input type="text"/>	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
Intervention start date <input type="text"/> <input type="text"/> <input type="text"/>	Intervention start date <input type="text"/> <input type="text"/> <input type="text"/>	
Intervention end date <input type="text"/> <input type="text"/> <input type="text"/>	Intervention end date <input type="text"/> <input type="text"/> <input type="text"/>	
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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☐ Incomplete - treatment withdrawn by provider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 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