

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 <div></div>	Intervention type <div></div>	Select one or more from below <div>52. YP harm reduction (specialist)</div> <div>56. YP specialist pharmacological intervention</div> <div>63. YP psychosocial - counselling</div> <div>64. YP psychosocial - cognitive behavioural therapy</div> <div>65. YP psychosocial - motivational interviewing</div> <div>66. YP psychosocial - relapse prevention</div> <div>67. YP psychosocial - family work</div>
Intervention start date <div></div>	Intervention start date <div></div>	
Intervention end date <div></div>	Intervention end date <div></div>	
Intervention type <div></div>	Intervention type <div></div>	
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Intervention start date <div></div>	Intervention start date <div></div>	
Intervention end date <div></div>	Intervention end date <div></div>	

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☐ Incomplete - treatment withdrawn by provider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