

CLIENT INITIAL CONTACT FORM ADULT COMMUNITY CDS-P



Public Health
England

CONFIDENTIAL All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS

Date completed

Agency name

CLIENT DETAILS

Client reference

Client's consent to NDTMS

Y/N

First name initial

Surname initial

Date of birth

dd/mm/yyyy

Sex

at birth

Ethnicity

Country of birth

GEOGRAPHIC INFORMATION

Address

Postcode

DAT of residence

Local authority

REFERRAL INFORMATION

Referral date to service

Referral date for structured treatment

Referral source

Assessment/triage date

Previously treated for structured treatment Y/N

TOP care coordination Y/N

Completed by/
Keyworker

ADDITIONAL CLIENT INFORMATION

Sexual orientation

Pregnant female only

Religion/belief

Disability

record up to 3 options

Accommodation
need

Employment
status

Time since last paid
employment

British armed forces veteran

Y/N/declined to answer

SAFEGUARDING INFORMATION

Parental responsibility for
children under 18 years

Y/N/declined to answer

Do any of these children live with client?

the majority of the time

If parental responsibility answer is 'No', leave this question blank.

Number of under 18s living with client

at least one night a fortnight.

The total number of children under 18 that live in the same household as the client.

The client does not necessarily need to have parental responsibility for the children (eg relatives or friends).

What help are client's
children/children living
with client receiving?

record up to 3 options

Only answer if client has parental responsibility and/or under 18s living with them.

Continued on next page

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SUBSTANCE USE INFORMATION

Problem substances

record up to 3 options

1

2

3

Age first used

main substance

Injecting status

any substance

SADQ score

HEALTHCARE INFORMATION

Healthcare assessment date

Hep B intervention status

Hep C intervention status

Hep C test date at/prior to triage

Hep C test result antibody

status Positive/negative/unknown

Hep C test result PCR RNA

status

Referred for Hep C treatment

Y/N

HIV positive

Y/N/unknown/declined

Referred for alcohol-related liver disease investigation in last 4 weeks

Y/N/unknown

Client issued with naloxone

Client ever administered

with naloxone Y/N/unknown/declined

Mental health treatment need

Y/N/declined to answer

Receiving treatment for mental health need

If mental health treatment need answer is 'No', leave this question blank.

INTERVENTION/MODALITY INFORMATION - there can be more than one intervention per episode

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

Intervention type

Setting

if different to agency default setting

Date referred to intervention

Date first appointment offered

Intervention start date

Intervention end date

DISCHARGE INFORMATION

Discharge date

Discharge reason