

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

Date completed Client/NOMS ID Keyworker

KEY - U updateable item

Client Details

First name initial

Surname initial

Date of Birth dd/mm/yyyy

Sex at registration of birth

Country of birth

Ethnicity

<input type="radio"/> White British	<input type="radio"/> Bangladeshi
<input type="radio"/> White Irish	<input type="radio"/> Other Asian
<input type="radio"/> Other white	<input type="radio"/> Caribbean
<input type="radio"/> White and Black Caribbean	<input type="radio"/> African
<input type="radio"/> White and Black African	<input type="radio"/> Other Black
<input type="radio"/> White and Asian	<input type="radio"/> Chinese
<input type="radio"/> Other mixed	<input type="radio"/> Other
<input type="radio"/> Indian	<input type="radio"/> Not stated
<input type="radio"/> Pakistani	<input type="radio"/> Unknown

Consent, Geographic, Referral, Additional and Substance

Consent for NDTMS U Yes / No

Postcode

DAT of residence

Initial Reception Date Reception Date

Transferred From Assessment/triage date

Client stated sexual orientation

<input type="radio"/> Heterosexual	<input type="radio"/> Person asked and does not know or is not sure	<input type="radio"/> Not known (not recorded)
<input type="radio"/> Gay or lesbian	<input type="radio"/> Not stated	
<input type="radio"/> Bi-sexual	<input type="radio"/> Other sexual orientation not listed	

Pregnant (female only) Yes / No

Religion / belief

<input type="radio"/> Baha'i	<input type="radio"/> Hindu	<input type="radio"/> Muslim	<input type="radio"/> Zoroastrian	<input type="radio"/> Declines to answer
<input type="radio"/> Buddhist	<input type="radio"/> Jain	<input type="radio"/> Pagan	<input type="radio"/> Other	<input type="radio"/> Unknown
<input type="radio"/> Christian	<input type="radio"/> Jewish	<input type="radio"/> Sikh	<input type="radio"/> None	

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

Time since last paid employment 0 - less than one year / 1 - 1-2 years / 2 - 2-3 years / n* - write number of years since last paid employment / 97 - never employed / 98 - currently employed / 99 - declined to answer

British Armed Forces veteran Yes / No / Declined to answer

Parental responsibility for children under 18 years Yes / No / Declined to answer

Do any of these children live with client? All / Some / None / Declined to answer
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).

Early Help - What help are the client's children/children living with the client receiving? up to 3 options can be selected from the table below
Only answer if client has parental responsibility and/or under 18s living with them.

<input type="text"/>	1. Early Help
<input type="text"/>	2. Child in need
<input type="text"/>	3. Has a child protection plan
	4. Looked after child
	5. None of the children are receiving any help
	99. Client declined to answer

Problem substance up to 3 options can be selected

1.

2.

3.

Injecting status Previous / Current / Never / Declined to answer

Alcohol AUDIT score

CONTINUE OVER PAGE

Healthcare

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

- Offered and accepted - not yet had any vaccinations
- Offered and accepted - started having vaccinations
- Offered and accepted - completed vaccination course
- Offered and accepted - 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 **U** - tick one

- Offered and accepted - not yet had a test
- Offered and accepted - had a hep C test
- Offered and accepted - refused at a later date
- Offered and refused
- Not offered
- Assessed as not appropriate to offer
- Deferred due to clinical reasons

Hep C latest test date **U**

Is the client HIV positive **U**

Dual Diagnosis

Mental health interv prior to custody

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

- 103. Benzodiazepines detoxification
- 104. Lofexidine
- 105. Naltrexone
- 106. Opioid re-induction
- 107. Opioid reduction – methadone
- 108. Opioid reduction - buprenorphine
- 109. Opioid maintenance - methadone
- 110. Opioid maintenance - buprenorphine
- 77. Alcohol - prescribing
- 84. Psychosocial Intervention Mental Disorder
- 85. Other structured psychosocial intervention
- 5. Structured Day Programme
- 12. Other structured intervention
- 76. Alcohol – brief intervention

Discharge and Prison Exit

Used NPS during treatment **U**

Discharge date

Discharge reason - tick one option

- Treatment completed - drug-free
- Treatment completed - alcohol-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 recovery support services
- Referred to structured treatment provider
- Referred to structured treatment provider and recovery support
- No onward referral

Take home naloxone & training provided

Has the client been sentenced?

Referred to Hep C treatment during stay within establishment or to community service at release

Did the client receive treatment for their mental health during stay

Referral for alcohol-related liver disease **U**