

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

Public Health  
England

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

- White British
- White Irish
- Other white
- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed
- Indian
- Pakistani
- Bangladeshi
- Other Asian
- Caribbean
- African
- Other Black
- Chinese
- Other
- Not stated
- Unknown

Consent for NDTMS u  Yes / No

Postcode

DAT of residence

Initial Reception Date

Reception Date

Transferred From

Assessment/triage date

Client stated sexual orientation

- Heterosexual
- Gay or lesbian
- Bi-sexual
- Person asked and does not know or is not sure
- Not stated
- Other sexual orientation not listed
- Not known (not recorded)

Pregnant (female only)  Yes / No

Religion / belief

- Baha'i
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian
- Other
- None
- Declines to answer
- Unknown

Disability up to 3 options can be selected

1.  2.  3.

- 1. Behaviour and emotional
- 2. Hearing
- 3. Manual dexterity
- 4. Learning disability
- 5. Mobility and gross motor
- 6. Perception of physical danger
- 7. Personal, self-care and continence
- 8. Progressive conditions and physical health
- 9. Sight
- 10. Speech
- XX. Other
- NN. No disability
- ZZ. Not stated

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 yrs  Yes / No / 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.

All / Some / None / Declined to answer

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.

1.

2.

3.

- 1. Early Help
- 2. Child in need
- 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

Consent, Geographic, Referral, Additional and Substance

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**