		GLIE		TACTE		ADULI SE	CURE ES	TATE CD	5-P /	April 2020	V2		
Į,			ENTIAL AI	l white box	es mus	t be complet	ed for NDTN	/IS. Grey box	es not sub	mitted to ND	TMS		
	ic Health and	Date comp	oleted		Cli	ent/NOMS ID			Keyworke	er 🗌			
ngi	and)		KEY	- U updateable item		
Client Details		initial			1		Ethnicity	Ŭ	sh ite d Black Caribbe d Black African d Asian ked		Asian ean Black e ted		
						Yes / No	Derterte						
	Consent for NDTMS u						Postcode						
	DAT of res	sidence	l										
	Initial Reception Date							Reception Date					
	Transferred From						Assessme	ent/triage dat	e				
Substance	Client sta	ated sexual	orientatio	0	erosexual or lesbiar exual	n C	Not stated	and does not knov		O Not known	(not recorded)		
and Su	Pregnant	t (female only))	Yes / N	•								
Additional a	Religion / belief			O Bud	 Baha'i Hindu Buddhist Jain Christian Jewish 		 Muslim Zoroastrian Pagan Other Sikh None 		er C	 Declines to answer Unknown 			
Add	Disability	V up to 3 options	s can be selecte	ad 1.			2.			3.			
al,		Disability up to 3 options can be selected 1. Behaviour and emotional 3. Manual dexterity			Mobility a	nd gross motor		elf-care and contine			Other ZZ. Not stated		
Referral,	2. Hearing		4. Learning di		-	n of physical danger		e conditions and phy		C C	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 em- ployment / 97 - never employed / 98 - currently employed / 99 - declined to answer						
Geographic,	British A	es veteran	Yes / M	Yes / No / Declined to answer									
Consent, Geo	Parental responsibility for children under 18 yrs Yes / No / Declined to answer Do any of these children live with client? All / Some / None / Declined to answer 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 Image: Comparison of the client client client as the client. The client does not necessarily need to have parental responsibility for the children (eg relatives or friends). Image: Comparison of the client client.						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 ther 1. 1. Early Help 2. 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						Injecting s	Injecting status Previous			/ Current / Never / Declined to answer		
	υμ το 3 ορτιο	ns can be select	ed 2.	2. 3.			Alcohol Al	Alcohol AUDIT score					
			3.				CONTINUE OVER PAG						

Healthcare	Hep B intervention status u - tick one Hep C intervention status u - tick one	 Offered and accept Offered and accept Offered and accept Offered and refuse Offered and accept Offered and accept Offered and accept Offered and accept 	ted - not yet had a test ted - had a hep C test ted - refused at a later date		Immunised already Not offered Assessed as not appropriate to offer Deferred due to clinical reasons Not offered Assessed as not appropriate to offer Deferred due to clinical reasons				
	Hep C latest test date u								
	Is the client HIV positive <mark>u</mark>	Yes / No / Unknown / Declined to answer							
	Dual Diagnosis	Yes / No							
	Mental health interv prior to custody	Yes / No / Declined to answ	wer						
Interventions	Intervention typeIntervention start dateIntervention end dateIntervention typeIntervention start dateIntervention end dateIntervention start dateIntervention typeIntervention end dateIntervention start dateIntervention start dateIntervention start dateIntervention start dateIntervention start dateIntervention start date	InterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionInterventionIntervention	start date end date type start date end date type start date type start 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 Yes / No Discharge date Discharge reason - tick one option Treatment completed - drug-free Treatment completed - alcohol-free Treatment completed - alcohol-free Treatment completed - occasional user Transferred - not in custody Transferred - in custody Transferred - recommissioning transfer Incomplete - dropped out Incomplete - treatment withdrawn by pr Incomplete - treatment commencement Incomplete - client died Incomplete - released from court Incomplete - onward referral offered an	r rovider t declined by client	Prison exit date Prison exit reason Referation Referration Referration Referration Referred to recovery support Referred to structured treatment Referred to structured treatment No onward referration Take home naloxone & training Has the client been sentence Referred to Hep C treatment within establishment or to conservice at release Did the client receive treatment mental health during stay Referration	(service ent p ent p ed? duri pomm	rovider rovider and recovery support provided Yes / No Yes / No No ng stay Yes / No or their Yes / No				