

# CLIENT INITIAL CONTACT FORM YOUNG PERSONS 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

Referral source

Assessment/triage date

Previously treated for structured treatment Y/N

Completed by/Keyworker

## ADDITIONAL CLIENT INFORMATION

Pregnant Y/N

Accommodation need

## 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.




## SUBSTANCE USE INFORMATION

Problem substances

record up to 3 options




Continued on next page

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## HEALTHCARE INFORMATION

Healthcare assessment date	<input type="text"/>	Hep B intervention status	<input type="text"/>
Hep C intervention status	<input type="text"/>		
Mental health treatment need <small>Y/N/declined to answer</small>	<input type="text"/>	Receiving treatment for mental health need <small>If mental health treatment need answer is 'No', leave this question blank.</small>	<input type="text"/>

## YP SPECIFIC INFORMATION

YP care status (at treatment start)	<input type="text"/>	YP sexually exploited (prior to treatment start) <small>Y/N/not known/declined to answer</small>	<input type="text"/>
YP self harmed (prior to treatment start) <small>Y/N/not known/declined to answer</small>	<input type="text"/>	YP involved in anti-social behaviour or criminal act <small>(on more than 1 occasion in past 6 months) Y/N</small>	<input type="text"/>
YP education/training/employment status (at treatment start)	<input type="text"/>	YP registered with GP (at treatment start) <small>Y/N/not known/declined to answer</small>	<input type="text"/>
YP engaged in unsafe sex (in 28 days prior to treatment start) <small>Y/N/not known/declined to answer</small>	<input type="text"/>	YP offered screen for sexually transmitted infections (treatment start) <small>Y/N/not approp to offer</small>	<input type="text"/>
YP offered screen for chlamydia (at treatment start) <small>Y/N/not appropriate to offer</small>	<input type="text"/>	YP subject to a Child Protection Plan (CPP) (at treatment start)	<input type="text"/>
YP involved in gangs (prior to treatment start) <small>Y/N/unknown/declined to answer</small>	<input type="text"/>	YP affected by child criminal exploitation (prior to treatment start) <small>Y/N/unknown/declined to answer</small>	<input type="text"/>
YP feels affected by substance misuse in their close family/members of their household (at treatment start) <small>Y/N</small>	<input type="text"/>	YP ever been affected by domestic abuse <small>Y/N</small>	<input type="text"/>

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

Treatment intervention	<input type="text"/>	Intervention setting <small>if different to agency default setting</small>	<input type="text"/>
Date referred to intervention	<input type="text"/>	Date first appointment offered	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention end date	<input type="text"/>

Treatment intervention	<input type="text"/>	Intervention setting <small>if different to agency default setting</small>	<input type="text"/>
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## DISCHARGE INFORMATION

YP met goals agreed on care plan at treatment exit <small>Y/N</small>	<input type="text"/>	YP offered continuing support from non-substance misuse services at discharge <small>Y/N/no further support required</small>	<input type="text"/>
Discharge date	<input type="text"/>	Discharge reason	<input type="text"/>