



Public Health
England

CONFIDENTIAL All white boxes should be completed where there is an update following the client's review. Grey boxes not submitted to NDTMS.

Date completed

Agency name

Completed by/Keyworker

Client Reference

CLIENT DETAILS - the following is for information and should not change - if changed, will create a validation mismatch

First name initial Surname initial

Date of Birth dd/mm/yyyy Sex M/F at birth

EPISODE DETAILS - the following may change throughout the episode (ie current information)

Address DAT of residence

Local Authority

Postcode

INTERVENTION/MODALITY INFORMATION - complete to end interventions or to add new ones to an existing 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

YP met goals agreed on care plan at treatment exit Y/N YP offered continuing support from non-substance misuse services at discharge Y/N/No further support required