



Public Health
England

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

Date completed

Client Ref (NOMS)

Keyworker

CLIENT / EPISODE PROFILE

KEY - * see reference page / U updateable item

First name initial

Surname initial

Date of Birth

dd/mm/yyyy

Sex at registration of birth

Male / Female / Not specified / Not known

Ethnicity *

Country of birth

Consent for NDTMS u

Yes / No

Postcode

DAT of residence

Initial reception date

Reception date

Assessment/triage date

Transferred from

Accommodation need prior to entry into the secure estate *

Pregnant

Yes / No

Parental responsibility for children under 18 yrs

Yes / No / Declined

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 /

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 the client's children/children living with the client receiving? *

record up to 3 options

Only answer if client has parental responsibility and/or under 18s living with them.

1

2

3

Problem substance 1

Alcohol AUDIT score

Problem substance 2

If no 2nd substance leave blank

Injecting status

Currently / Previous / Never / Declined to answer

Problem substance 3

If no 3rd substance leave blank

Hep B intervention status u*

Hep C intervention status u*

Dual Diagnosis Y/N

Continued on next page

CLIENT INITIAL CONTACT FORM YP (Under 18) SECURE ESTATE CDS-P

STATUS IN THE 28 DAYS PRIOR TO ENTRY INTO THE SECURE ESTATE (with exception of domestic abuse question)

YP care status *	<input type="text"/>	YP subject to a Child Protection Plan (CPP) *	<input type="text"/>
YP education status *	<input type="text"/>	YP registered with GP	<input type="text"/>
		<small>Y/N/Not known/Declined to answer</small>	
YP engaged in unsafe sex	<input type="text"/>	YP self-harmed	<input type="text"/>
<small>Y/N/Unknown/Declined to answer</small>		<small>Y/N/Not known/Declined to answer</small>	
YP being sexually exploited	<input type="text"/>	YP affected by substance misuse in their close family/members of their household? <small>Y/N</small>	<input type="text"/>
<small>Y/N/Unknown/Declined to answer</small>			
YP affected by child criminal exploitation	<input type="text"/>	YP ever been affected by domestic abuse <small>Y/N</small>	<input type="text"/>
<small>Y/N/Unknown/Declined to answer</small>			
YP involved in gangs	<input type="text"/>		
<small>Y/N/Unknown/Declined to answer</small>			

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

Intervention type *	<input type="text"/>	Intervention type	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention start date	<input type="text"/>
Intervention end date	<input type="text"/>	Intervention end date	<input type="text"/>
Intervention type	<input type="text"/>	Intervention type	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention start date	<input type="text"/>
Intervention end date	<input type="text"/>	Intervention end date	<input type="text"/>

DISCHARGE / EXIT INFORMATION

Discharge date	<input type="text"/>	Discharge reason *	<input type="text"/>
Exit date	<input type="text"/>	Exit reason *	<input type="text"/>
Exit destination	<input type="text"/>	Referral on release status *	<input type="text"/>