

CLIENT REVIEW/EXIT FORM YP (Under 18) SECURE ESTATE CDS-P



Public Health
England

CONFIDENTIAL All white boxes should be completed as appropriate where there is an update following the client's review, a discharge from structured treatment or a prison exit. Grey boxes not submitted to NDTMS.
* table over page

Date completed

Client Ref (NOMS)

Keyworker

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

First name initial

Surname initial

Date of Birth

dd/mm/yyyy

Sex at registration of birth

EPISODE DETAILS - the following may change throughout the episode (i.e. updates as current situation)

Hep B intervention status *

Hep C intervention status *

INTERVENTION DETAILS - complete to end interventions or to add new ones to an existing episode

Intervention type *

Intervention type *

Intervention start date

Intervention start date

Intervention end date

Intervention end date

Intervention type *

Intervention type *

Intervention start date

Intervention start date

Intervention end date

Intervention end date

Intervention type *

Intervention type *

Intervention start date

Intervention start date

Intervention end date

Intervention end date

DISCHARGE AND EXIT INFORMATION

Discharge date

Discharge reason *

Exit date

Exit reason *

Exit destination

Referral on release status *

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Code	Interventions
52	YP harm reduction
56	Specialist pharmacological intervention
63	Psychosocial– counselling
64	Psychosocial– cognitive behavioural therapy
65	Psychosocial– motivational interviewing
66	Psychosocial– relapse prevention
67	Psychosocial– family work

Code	Hep B intervention status
B	Offered & refused
C	Immunised already
D	Not offered
F	Assessed as not appropriate to offer
G	Offered and accepted– not yet had any vaccinations
H	Offered and accepted– started having vaccinations
I	Offered and accepted– completed vaccination course
J	Offered & accepted but refused at a later date
K	Deferred due to clinical reasons

Code	Hep C intervention status
B	Offered & refused
D	Not offered
F	Assessed as not appropriate to offer
G	Offered and accepted– not yet had a test
H	Offered and accepted– had a Hep C test
J	Offered & accepted but refused at a later date
K	Deferred due to clinical reasons

Code	Discharge Reason
80	Treatment completed – drug-free
82	Treatment completed – occasional user (not heroin or crack)
83	Transferred – not in custody
84	Transferred – in custody
85	Incomplete – dropped out
86	Incomplete – treatment withdrawn by provider
88	Incomplete – treatment commencement declined by client
89	Incomplete – client died
98	Incomplete – deported
99	Incomplete – released from court
71	Onward referral offered & refused
72	Transferred - recommitment transfer

Code	Exit Reason Status
R	Released
T	Transferred
D	Died
A	Absconded

Code	Referral On Release Status
4	No onward referral
5	Referred to youth offending team and treatment provider
6	Referred to youth offending team
8	Referred to structured treatment provider