

CLIENT INITIAL CONTACT FORM ADULT COMMUNITY CDS-Q

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

Date completed Agency name Completed by/Keyworker

CLIENT DETAILS

Client reference Client's consent to NDTMS Y/N

First name initial Surname initial

Date of birth dd/mm/yyyy Sex client stated sex

Ethnicity Country of birth

IPS Client? Y/N (IPS clients only) Client's consent to IPS Y/N (IPS clients only)

NI number IPS only

GEOGRAPHIC & REFERRAL INFO

Address Postcode Full postcode for IPS

DAT of residence Local authority

Referral date to service Referral date structured treatment

Referral source Assessment/triage date

Previously treated for structured treatment Y/N TOP care coordination Y/N

ADDITIONAL CLIENT INFORMATION

Sexual orientation Pregnant female only

Religion/belief Disability record up to 3 options

Current housing situation

At threat of homelessness next 56 days

Time since last paid employment Employment status

Received money/goods for sex? British armed forces veteran Y/N/declined to answer

Victim of domestic abuse? Abused anyone close to them?

SAFEGUARDING

Parental responsibility Y/N/declined to answer Do any of these children live with client? the majority of the time

For a child aged under 18

Number of under 18s living with client If the client has parental responsibility and/or children living with them, what help are the children receiving?

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).

record up to 3 options

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CLIENT INITIAL CONTACT FORM ADULT COMMUNITY CDS-Q

SUBSTANCE USE

Problem substances

record up to 3 options

1

2

3

Age first used

main substance

Injecting status

any substance

SADQ score

HEALTHCARE INFORMATION

Healthcare assessment date

Hep B intervention status

Hep C intervention status

Hep C test date at/prior to triage

Hep C test result antibody status Positive/negative/unknown

Hep C test result PCR RNA status

Referred for Hep C treatment

Y/N

Referred for alcohol-related liver disease investigation in last 4 weeks Y/N/unknown

HIV positive Y/N/unknown/declined to answer

HIV test date at/prior to triage

Client ever administered with naloxone Y/N/unknown/declined to answer

Client issued with naloxone

Mental health treatment need Y/N/declined to answer

Receiving treatment for mental health need record up to 3 options

1

2

3

If mental health treatment need answer is 'No', leave this question blank.

INTERVENTION/MODALITY INFORMATION

	Intervention One	Intervention Two	Intervention Three
Intervention Type			
Setting (if different to default)			
Date referred to intervention			
Date of first appointment offered			
Intervention start date			
Intervention end date			

DISCHARGE

Discharge date

Discharge reason