

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

Date completed Client/NOMS ID Keyworker

Client

First name initial Date of Birth dd/mm/yyyy
 Surname initial Client stated sex

Healthcare

Hep B intervention status - tick one option

- Offered and accepted - not yet had any vaccinations
- Offered and accepted - started having vaccinations
- Offered and accepted - completed vaccination course
- Offered and accepted - refused at later date
- Offered and refused
- Immunised already
- Not offered
- Assessed as not appropriate to offer
- Deferred due to clinical reasons

Hep C intervention status - tick one option

- Offered and accepted - not yet had a test
- Offered and accepted - had a hep C test
- Offered and accepted - refused at a later date
- Offered and refused
- Not offered
- Assessed as not appropriate to offer
- Deferred due to clinical reasons

Hep C latest test date
 Is the client HIV positive Yes / No / Unknown / Declined to answer HIV latest test date

Interventions

Intervention type	<input type="text"/>	<input type="text"/>	Select one or more from... 103. Benzodiazepines detoxification 104. Lofexidine 105. Naltrexone 106. Opioid re-induction 107. Opioid reduction - methadone 108. Opioid reduction - buprenorphine 109. Opioid maintenance - methadone 110. Opioid maintenance - buprenorphine 115. Opioid maintenance - buprenorphine depot injection 116. Opioid reduction - buprenorphine depot injection 77. Alcohol - prescribing 84. Psychosocial Intervention Mental Disorder 85. Other structured psychosocial Intervention 5. Structured Day Programme 12. Other structured intervention 76. Alcohol - brief intervention
Intervention start date	<input type="text"/>	<input type="text"/>	
Intervention end date	<input type="text"/>	<input type="text"/>	
Intervention type	<input type="text"/>	<input type="text"/>	
Intervention start date	<input type="text"/>	<input type="text"/>	
Intervention end date	<input type="text"/>	<input type="text"/>	

Discharge and Prison Exit

Discharge date
Discharge reason - tick one option

- Treatment completed - drug-free
- Treatment completed - alcohol-free
- Treatment completed - occasional user (not opiates or crack)
- Transferred - not in custody
- Transferred - in custody
- Transferred - re-commissioning transfer
- Incomplete - dropped out
- Incomplete - treatment withdrawn by provider
- Incomplete - treatment commencement declined by client
- Incomplete - client died
- Incomplete - deported
- Incomplete - released from court
- Incomplete - onward referral offered and refused

Used PS during treatment Yes / No / Declined to answer

Prison exit date
Prison exit reason Released / Transferred / Died / Absconded
Prison exit destination
Referral on release status - tick one option

- Referred to recovery support services
- Referred to structured treatment provider
- Referred to structured treatment provider and recovery support
- No onward referral

Take home naloxone & training provided Yes / No
Has the client been sentenced? Yes / No
Referred to Hep C treatment during stay in establishment or to community on release Yes / No
Did the client receive treatment for their mental health during stay Yes / No
Referral for alcohol-related liver disease Yes / No / Unknown
Has the client been provided with reconnect support? Yes (standard) / Yes (enhanced) / No
Is client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate? Yes / No