

# CLIENT INITIAL CONTACT FORM YOUNG PERSONS CDS-Q

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

Date completed

Agency name

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

Address

Postcode Full postcode for IPS

DAT of residence

Local authority

Referral date structured treatment

Referral date to service

Referral source

Assessment/triage date

Previously treated for structured treatment Y/N

Completed by/Keyworker

ADDITIONAL CLIENT INFO & SAFEGUARDING

Pregnant Y/N (female only)

Accommodation need

Threatened with homelessness?

Next 56 days Y/N

Disability

1

Ever affected by domestic abuse?

record up to 3 options

2

Ever abused someone close to them?

3

Parental responsibility Y/N/

declined to answer

For a child aged under 18

Do any of these children live with client?

the majority of the time

If parental responsibility answer is 'No', leave this question blank.

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).

If the client has parental responsibility and/or children living with them, what help are the children receiving?

record up to 3 options

1

2

3

SUBSTANCE USE

Problem substances

record up to 3 options



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## HEALTHCARE INFO

Healthcare assessment date

Hep B intervention status

Hep C intervention status

Mental health treatment need   
Y/N/declined to answer

Receiving treatment for mental health need  1  
If mental health treatment need answer is 'No', leave this question blank.

2

3

## YP SPECIFIC INFORMATION

YP care status (at treatment start)

YP sexually exploited (prior to treatment start)   
Y/N/unknown/declined to answer

YP self harmed (prior to treatment start)   
Y/N/unknown/declined to answer

YP involved in anti-social behaviour or criminal act (on more than 1 occasion in past 6 months)   
Y/N

YP education/training/employment status (at treatment start)

YP registered with GP (at treatment start)   
Y/N/unknown/declined to answer

YP engaged in unsafe sex (in 28 days prior to treatment start)   
Y/N/unknown/declined to answer

YP offered STI screen (including chlamydia)   
offered & accepted/offered & refused/not appropriate

YP subject to a Child Protection Plan (CPP) (at treatment start)

YP involved in gangs (prior to treatment start)   
Y/N/unknown/declined to answer

YP affected by child criminal exploitation (prior to treatment start)   
Y/N/unknown/declined to answer

YP feels affected by substance misuse in their close family/members of their household (at treatment start)   
Y/N

## 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 INFO

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

Discharge date

Discharge reason