

CONFIDENTIAL All white boxes should be completed where there is an update following the client's review. Grey boxes not submitted to NDTMS.

Date completed **Agency name**

Completed by/Keyworker **Client Reference**

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

First name initial **Surname** initial

Date of Birth dd/mm/yyyy **Sex** Client stated sex

EPISODE DETAILS - the following may change throughout the episode (ie current information)

Address **DAT** of residence

Local Authority

Postcode Full if IPS

INTERVENTION/MODALITY INFORMATION - complete to end interventions or to add new ones to an existing episode

Intervention type **Setting** if different to agency default setting

Date referred to intervention **Date first appointment offered**

Intervention start date **Intervention end date**

Intervention type **Setting** if different to agency default setting

Date referred to intervention **Date first appointment offered**

Intervention start date **Intervention end date**

Intervention type **Setting** if different to agency default setting

Date referred to intervention **Date first appointment offered**

Intervention start date **Intervention end date**

DISCHARGE INFORMATION

Discharge date **Discharge reason**

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