

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	<input type="text"/>	Agency name	<input type="text"/>
Completed by/Keyworker	<input type="text"/>	Client Reference	<input type="text"/>

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

First name <small>initial</small>	<input type="text"/>	<input type="text"/>	Surname <small>initial</small>	<input type="text"/>	<input type="text"/>
Date of Birth	<small>dd/mm/yyyy</small>	<input type="text"/>	Sex <small>Client stated sex</small>	<input type="text"/>	

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

Address	<input type="text"/>	DAT <small>of residence</small>	<input type="text"/>
	<input type="text"/>	Local Authority	<input type="text"/>
Postcode <small>Full if IPS</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Intervention type	<input type="text"/>	Setting <small>if different to agency default setting</small>	<input type="text"/>
Date referred to intervention	<input type="text"/>	Date first appointment offered	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention end date	<input type="text"/>

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DISCHARGE INFORMATION

Discharge date	<input type="text"/>	Discharge reason	<input type="text"/>
YP met goals agreed on care plan at treatment exit <small>Y/N</small>	<input type="text"/>	YP offered continuing support from non-substance misuse services at discharge <small>Y/N/No further support required</small>	<input type="text"/>