

# CLIENT REVIEW/EXIT FORM YOUNG PERSONS SECURE ESTATE CDS Q

**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 NDMS.

Date  Client/NOMS ID  Keyworker

## Client Details

First name initial

Surname initial

Date of Birth dd/mm/yyyy

Client stated sex

## Healthcare

**Hep B intervention status** - tick one option

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

**Hep C intervention status** - tick one option

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

## Interventions

Intervention type	<input type="text"/>	Intervention type	<input type="text"/>
Intervention start date	<input type="text"/>	Intervention start date	<input type="text"/>
Intervention end date	<input type="text"/>	Intervention end date	<input type="text"/>
Intervention type	<input type="text"/>	Intervention type	<input type="text"/>
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Intervention end date	<input type="text"/>	Intervention end date	<input type="text"/>

- Select one or more from below**
- 52. YP harm reduction (specialist)
  - 56. YP specialist pharmacological intervention
  - 63. YP psychosocial - counselling
  - 64. YP psychosocial - cognitive behavioural therapy
  - 65. YP psychosocial - motivational interviewing
  - 66. YP psychosocial - relapse prevention
  - 67. YP psychosocial - family work

## Discharge / Exit Information

Discharge date

**Discharge reason** - tick one option

Treatment completed - drug-free  
 Treatment completed - occasional user (not opiates or crack)  
 Transferred - not in custody  
 Transferred - in custody  
 Transferred - recommissioning 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 Incomplete - treatment withdrawn by provider  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

Prison exit date

Prison exit reason

Prison exit destination

**Referral on release status** - tick one option

Referred to youth offending team and structured treatment provider  
 Referred to youth offending team  
 Referred to structured treatment provider  
 No onward referral

**Has the client been provided with reconnect support?**

Yes - Standard reconnect support  
 Yes - Enhanced reconnect support  
 No

**Is the client threatened with homelessness in the 56 days (8 weeks) following exit from secure estate?**