

## CLIENT REVIEW/EXIT FORM

## YOUNG PERSONS

## DATASET R

**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

Upper Tier Local Authority



Postcode Full if IPS

  

Lower Tier Local Authority

**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