

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

**KEY**  
 U - updateable item  
 28 - 28 days prior to initial reception

Date

/ /

Client/NOMS

Keyworker

## Client Details

First name initial

/ / / /

Ethnicity

- White British
- Other Asian
- White Irish
- Caribbean
- Other white
- African
- White and Black Caribbean
- Other Black
- White and Black African
- Chinese
- White and Asian
- Other
- Other mixed
- Indian
- White Gypsy or Roma or Traveller or Irish Traveller
- Pakistani
- Not stated
- Bangladeshi

Surname initial

/ / / /

Date of Birth dd/mm/yyyy

/ / / /

Client stated sex

/ / / /

Country of birth

/ / / /Consent for NDTMS **u**

Yes / No

Postcode

/ / / /

Upper Tier Local Authority

/ / / /

Initial Reception Date

/ / / /

Reception Date

/ / / /Transferred From  
(other secure setting)/ / / /

Assessment/triage date

/ / / /

Pregnant

Yes / No

Accommodation need prior to entry into the secure estate **28** one option to be selected from below

26. Living with parents, relatives or other carers

28. Living independently in unsettled accommodation

31. Living in specifically commissioned housing

27. Living independently in settled accommodation

29. Living independently with No Fixed Abode

33. Has been placed in care, e.g. children's homes, foster care for looked after child

Disability **up to 3 options can be selected**

1.

2.

3.

1. Behaviour and emotional

3. Manual dexterity

5. Mobility and gross motor

7. Personal, self-care and continence

9. Sight

XX. Other

ZZ. Not stated

2. Hearing

4. Learning disability

6. Perception of physical danger

8. Progressive conditions and physical health

10. Speech

NN. No disability

Has the client ever been victim of domestic abuse

 Yes - currently (last 28 days) Yes - currently & previously No Yes - previously Client declined to answer Not appropriate to ask

Has the client ever abused someone close to them

 Yes - currently (last 28 days) Yes - currently & previously No Yes - previously Client declined to answer Not appropriate to askParental responsibility of children U18 **28** Yes / No / Declined to answerIf client has parental responsibility and/or children living with them, what help are the children receiving? **up to 3 options can be selected**If client has parental responsibility, do any of these children live with the client **28**

All / Some / None / Declined to answer

1.

2.

3.

1. Early Help (family support)

2. Child in need (LA service)

3. Has a child protection plan (LA service)

4. Looked after child (LA service)

5. None of the children are receiving any help

6. Other relevant child or family support services

7. Not known

99. Client declined to answer

How many children U18 in total live in the same household as the client **28**/ / / /

At least one night a fortnight, the client does not necessarily need to have parental responsibility for these children

Problem substance **up to 3 options can be selected**

1.

2.

3.

Number of drinking days **28**/ / / /Typical number of units of alcohol consumed **28**/ / / /Injecting status **28**

Previous / Current / Never / Declined to answer

Alcohol AUDIT score

/ / / /

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

Offered and accepted - not yet had any vaccinations  Offered and accepted but 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** U - 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 but refused at a later date  Not appropriate to test/re-test

**Dual Diagnosis****Yes / No****YP care status** 28

1. Looked after child  
 2. Not looked after child or child in need  
 3. Child in need

**YP self-harmed** 28

Yes / No / Unknown / Declined to answer

**YP registered with GP** 28

Yes / No / Unknown / Declined to answer

**YP subject to Child Protection Plan** 28

1. Is currently subject to CPP  
 2. Has never been subject to CPP  
 3. Has previously been subject to CPP

**YP affected by child criminal exploitation**Yes / No / Unknown / Declined to answer 28**YP been sexually exploited** 28

Yes / No / Unknown / Declined to answer

**YP education status** 28

1. Mainstream education  
 2. Alternative education  
 3. Temporarily excluded  
 4. Permanently excluded  
 5. Persistent absentee  
 6. Apprenticeship or training  
 10. Economically inactive caring role  
 11. Economically inactive health issue  
 12. Voluntary work  
 13. Regular employment  
 14. Not in education, employment or training (NEET)  
 Z. Declined to answer

**YP engaged in unsafe sex** 28

Yes / No / Unknown / Declined to answer

**YP involved in gangs** 28

Yes / No / Unknown / Declined to answer

**Intervention type****Intervention type****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

**Intervention start date****Intervention start date****Intervention end date****Intervention end date****Intervention type****Intervention type****Intervention start date****Intervention start date****Intervention end date****Intervention end date****Discharge date****Prison exit 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 reason**

Released / Transferred / Died / Absconded

**Prison exit destination**

UTLA or other secure setting

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

Referred to structured treatment provider  
 Referred to non-structured treatment provider  
 No onward treatment referral

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

**Yes / No**