

CONFIDENTIAL ALL YELLOW BLOCKS MUST BE COMPLETED for NDTMS upon initial contact

| | | | |
|-----------------------|--------------------------|----------------|----------------------|
| Consent for NDTMS Y/N | <input type="checkbox"/> | Date Completed | <input type="text"/> |
| TOP Coordinator Y/N | <input type="checkbox"/> | Completed by | <input type="text"/> |
| | | Agency Code | <input type="text"/> |

| | | | | |
|----------------|--------------------------------|--|----------------------|----------------------|
| CLIENT PROFILE | Forename | <input type="text"/> | Address | <input type="text"/> |
| | Surname | <input type="text"/> | Town | <input type="text"/> |
| | DOB dd/mm/yyyy | <input type="text"/> | Post Code | <input type="text"/> |
| | Sex M/F (at Birth) | <input type="text"/> | DAT | <input type="text"/> |
| | Client Ref | <input type="text"/> | PCT | <input type="text"/> |
| | Nationality at Birth | <input type="text"/> | Local Authority | <input type="text"/> |
| | Ethnicity Code | <input type="text"/> | GP Code | <input type="text"/> |
| | YP a looked after child Y/N/NK | <input type="text"/> | Accommodation Need | <input type="text"/> |
| | | YP treatment being delivered in a specific residential placement | <input type="text"/> | |
| | | CLA Location | <input type="text"/> | |

| | | | | | |
|----------------------|----------------------|-----------------------------------|----------------------|-----------------|----------------------|
| Parental Status | <input type="text"/> | Referral Date | <input type="text"/> | Referral Source | <input type="text"/> |
| Children Living with | <input type="text"/> | Triage Date | <input type="text"/> | | |
| Pregnant Y/N | <input type="text"/> | Date care plan created and agreed | <input type="text"/> | | |
| Employment Status | <input type="text"/> | Health Care Assessment Date | <input type="text"/> | | |

| | | | |
|-----------------------------|----------------------|--|----------------------|
| Injecting Status (Any Drug) | <input type="text"/> | Previously Treated - tier 3/4 only Y/N | <input type="text"/> |
| Injected last 28 days Y/N? | <input type="text"/> | | |
| Ever Shared Y/N? | <input type="text"/> | | |

| | | | | |
|--------------|--|----------------------------|--|----------------------|
| DRUG PROFILE | Main Drug | <input type="text"/> | Hep B Intervention Status | <input type="text"/> |
| | Age First Use (Main Drug) | <input type="text"/> | Route | <input type="text"/> |
| | Second Drug (Please state if no 2nd or 3rd drug) | <input type="text"/> | Hep B Vac Count within this episode of treatment | <input type="text"/> |
| | Third Drug | <input type="text"/> | Previous Hep B infected Y/N/NK | <input type="text"/> |
| | Units of Alcohol (Daily average) | <input type="text"/> | Hep C Tested Y/N/NA | <input type="text"/> |
| | Number Drinking Days (0-28) | <input type="text"/> | Hep C Latest Test Date | <input type="text"/> |
| | | Hep C Positive Y/N/NK | <input type="text"/> | |
| | | Referred to Hepatology Y/N | <input type="text"/> | |
| | | Hep C Intervention Status | <input type="text"/> | |

| | | | | |
|-------------------|---|----------------------|--|----------------------|
| CLIENT COMPLEXITY | YP registered with GP at treatment start Y/N/ NK | <input type="text"/> | YP involved in sexual exploitation at treatment start Y/ N | <input type="text"/> |
| | YP has CAF at treatment start Y/N | <input type="text"/> | YP involved in self harm at treatment start Y/N/ NK | <input type="text"/> |
| | YP in contact with disability services at treatment start Y/N/ NK | <input type="text"/> | YP involved in unsafe drug use at treatment start Y/N | <input type="text"/> |
| | YP Frequency of Drug at start (0-28) | <input type="text"/> | YP involved in offending at treatment start Y/N/NK | <input type="text"/> |
| | YP lead professional at treatment start Y/N | <input type="text"/> | YP education status at treatment start | <input type="text"/> |
| | YP in contact with MH services at treatment start Y/N/ NK | <input type="text"/> | YP engaged in unsafe sex at treatment start Y/N/NA | <input type="text"/> |
| | YP in contact with YOT at treatment start Y/N/ NK | <input type="text"/> | | |

| | | | | | | |
|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| TREATMENT MODALITY | Treatment Modality | <input type="text"/> | Treatment Modality | <input type="text"/> | Treatment Modality | <input type="text"/> |
| | Date Referred | <input type="text"/> | Date Referred | <input type="text"/> | Date Referred | <input type="text"/> |
| | Date 1st App offered | <input type="text"/> | Date 1st App offered | <input type="text"/> | Date 1st App offered | <input type="text"/> |
| | Modality Start Date | <input type="text"/> | Modality Start Date | <input type="text"/> | Modality Start Date | <input type="text"/> |
| | Modality End Date | <input type="text"/> | Modality End Date | <input type="text"/> | Modality End Date | <input type="text"/> |
| | Modality Exit Status | <input type="text"/> | Modality Exit Status | <input type="text"/> | Modality Exit Status | <input type="text"/> |

TREATMENT OUTCOMES PROFILE

Complete only for clients aged 16 and over

Name of Keyworker

Name of Client

TOP interview date dd/mm/yyyy

REMINDER—is TOP Co-ordinator field correct / updated? (overleaf)

Treatment Stage

Start

Review

Exit

Post Exit

SECTION 1: Substance Use

Please use NA only if the information is not disclosed/not answered

Record the average amount on a using day and number of days used in each of past 4 weeks

| | Average | | Week 4 | Week 3 | Week 2 | Week 1 | Total | |
|----------------------------|----------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|------|
| a Alcohol | <input type="text"/> | units/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| b Opiates | <input type="text"/> | g/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| c Crack | <input type="text"/> | g/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| d Cocaine | <input type="text"/> | g/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| e Amphetamines | <input type="text"/> | g/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| f Cannabis | <input type="text"/> | spliff/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |
| g Other Problem Substance? | <input type="text"/> | g/day | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> | 0-28 |

Name

SECTION 2: Injecting risk behaviour

Please use NA only if the information is not disclosed/not answered

Record number of days client injected non-prescribed drugs in past 4 weeks (if none, enter zero and go to section 3)

| | Week 4 | Week 3 | Week 2 | Week 1 | Total |
|---|--------------------------|--------------------------|------------------------------|-----------------------------|---------------------------|
| a Injected | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-28 |
| b Injected with needle or syringe used by someone else? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| c Injected using a spoon, water or filter used by someone else? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Enter 'Y' if any yes, otherwise 'N'

SECTION 3: Crime

Please use NA only if the information is not disclosed/not answered

Record days of shoplifting, drug selling and other categories committed in past four weeks

| | Week 4 | Week 3 | Week 2 | Week 1 | Total |
|---|--------------------------|--------------------------|------------------------------|-----------------------------|-----------------------------|
| a Shoplifting | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-28 |
| b Drug Selling | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-28 |
| c Theft from or of a vehicle | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| d Other property theft of burglary | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| e Fraud, forgery and handing stolen goods | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| f Committing assault of violence | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> Y or N |

Enter 'Y' if any yes, otherwise 'N'

SECTION 4: Health and Social Functioning

Please use NA only if the information is not disclosed/not answered

a Client's rating of psychological health status (anxiety, depression and problem emotions and feelings)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|
| Poor | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Good | <input type="text"/> | 0-20 |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|

Record days worked and at college or school for past 4 weeks

| | Week 4 | Week 3 | Week 2 | Week 1 | Total |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| b Days Paid Work | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-28 |
| c Days attended college or school | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-7 | <input type="text"/> 0-28 |

d Client's rating of physical health status (extent of physical symptoms and bothered by illness)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|
| Poor | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Good | <input type="text"/> | 0-20 |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|

Record accommodation items for the past four weeks

| | | | | |
|-------------------------|------------------------------|-----------------------------|----------------------|--------|
| e Acute Housing Problem | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> | Y or N |
| f At risk of eviction | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> | Y or N |

g Clients rating overall quality of life (e.g. able to enjoy life, gets on well with family and partner)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|
| Poor | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Good | <input type="text"/> | 0-20 |
|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|------|----------------------|------|