

CONFIDENTIAL

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

CLIENT PROFILE	Forename	_____	Address	_____
	Surname	_____	Town	_____
	DOB dd/mm/yyyy	___/___/___	Post Code	____
	Client Ref	_____	DAT	_____ PCT _____
	Health Care Assessment Date	___/___/___	Local Authority	_____ GP Code _____

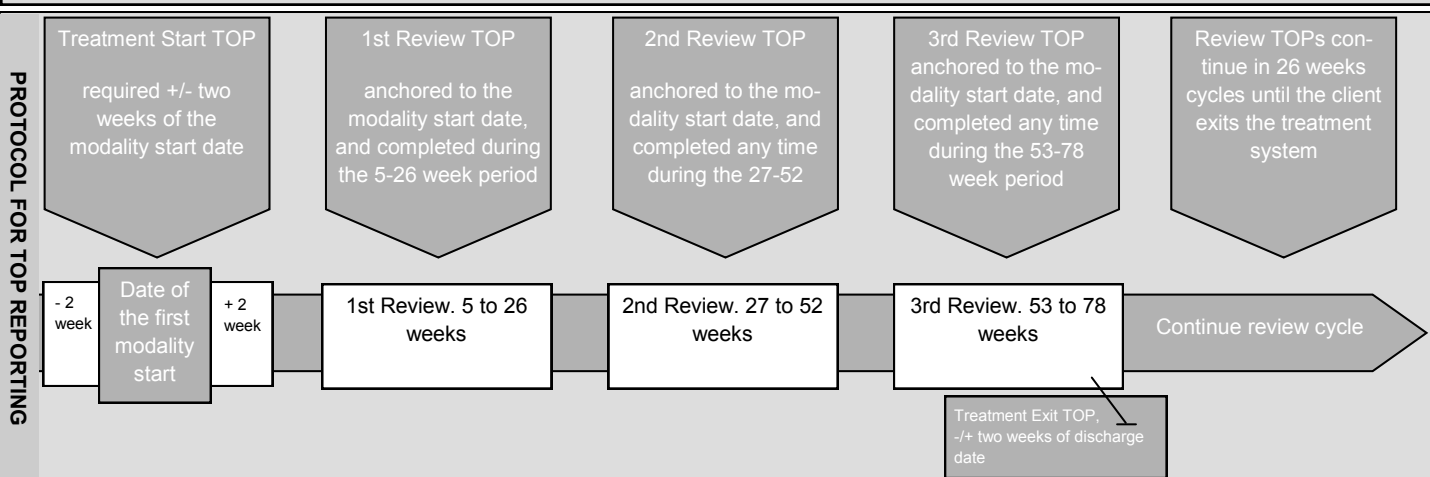
HEP B	Hep B Intervention Status	_____	HEP C	Hep C Tested Y/N/NA	_____
	Hep B Vac Count within this episode of treatment	_____		Hep C Latest Test Date	_____
	Previous Hep B infected Y/N	<input type="checkbox"/>		Hep C Positive Y/N	<input type="checkbox"/> Referred to Hepatology Y/N <input type="checkbox"/>
				Hep C Intervention Status	_____

TREATMENT MODALITY	Treatment Modality	_____	Treatment Modality	_____	Treatment Modality	_____
	Date Referred	___/___/___	Date Referred	___/___/___	Date Referred	___/___/___
	Date 1st App offered	___/___/___	Date 1st App offered	___/___/___	Date 1st App offered	___/___/___
	Modality Start Date	___/___/___	Modality Start Date	___/___/___	Modality Start Date	___/___/___
	Modality End Date	___/___/___	Modality End Date	___/___/___	Modality End Date	___/___/___
	Modality Exit Status	_____	Modality Exit Status	_____	Modality Exit Status	_____

CLIENT DISCHARGE CONTACT FORM - YOUNG PEOPLE

CLIENT COMPLEXITY	YP lead professional at treatment exit	_____	YP involved in unsafe drug use at treatment exit Y/N	<input type="checkbox"/>
	YP in contact with disability services at treatment exit Y/N NK	<input type="checkbox"/>	YP involved in offending at treatment exit Y/N/ NK	<input type="checkbox"/>
	YP Frequency of Drug 1 at exit (0—28) or Declined	_____	YP has CAF at treatment exit Y/N	<input type="checkbox"/>
	YP in contact with MH services at treatment exit Y/N/ NK	<input type="checkbox"/>	YP engaged in unsafe sex at treatment exit Y/N/NA	<input type="checkbox"/>
	YP in contact with YOT at treatment exit Y/N NK	<input type="checkbox"/>	YP sexual health interventions at treatment exit Y/N/IQ	<input type="checkbox"/>
	YP involved in sexual exploitation at treatment exit Y/N	<input type="checkbox"/>	YP registered with GP at treatment exit Y/N/ NK	<input type="checkbox"/>
	YP involved in self harm at treatment exit Y/N/ NK	<input type="checkbox"/>	YP met goals on care plan treatment exit Y/N	<input type="checkbox"/>

Discharge Date	___/___/___	Discharge Reason	_____
		Discharge Destination	_____



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
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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
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Record accommodation items for the past four weeks

e Acute Housing Problem Yes No Y or N

f At risk of eviction Yes No 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
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