

Structured Day Programme Client Referral Form

Referring Agency

DASH Mill House DIP CDT Fenland Residential Rehab
 The Bridge Bridgegate Dialdruglink
 Other please state _____

Care Coordinator Contact Details _____

Date of Referral _____

Initial of client's first name		
Initial of client's surname		
D.O.B.		
Gender	Male	Female
Ethnicity		
Main language if English is not accessible		
Disability requirements		
Referral Date		
Agency Code		
Client Reference Number		
Client ID		
Consent for NDTMS	YES	NO
Previously treated	YES	NO
Post Code		
Accommodation Status		
Problem Substance No. 1		Age of first use problem Substance 1
Problem Substance No. 2		
Problem Substance No. 3		
Care Plan Started Date		
Drug treatment health care assessment date		
Treatment Modality		
Parental Status		
Employment Status		
Transport needs		
Benefits client is in receipt of		

Client Criteria

DRR/DTTO		Probation	
DIP		Tier 3	
Res. Rehab		Tier 2	

Is this the 1st Referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO date/details of other referrals:		

Area	Activity Requirement	Location preference to attend programme	Travel requirements	Childcare Requirements	Additional support requirement	Expected outcomes e.g. employment	Requested start date of intervention if known	Other comments
Leisure Activities								
Group Work								
Complementary Therapies								
Life Skills								
Education								
Training								
Employment Advice and Support								
Housing Support								

Please tick as appropriate				Date
Has copy of care plan been agreed	Yes	No		
Has aftercare been discuss/considered	Yes	No		
Has client signed NDTMS information sharing consent form	Yes	No		
Has review date been set to discuss engagement needs, progress, future needs n.b. Maximum 4 wk reviews required	Yes	No		
Has NTDMS form been completed and submitted under SDP and not additionally recorded as receiving either "other structured treatment" or "structured psychosocial interventions".	Yes	No		
Key workers brief assessment of why SDP will provide additional benefits to client's care and progress.				

Exclusions

Please note the following exclusion criteria for referrals to the Structured Day Programme apply

- Clients aged under 18 years old
- Clients, who do not originate, have significant links or currently reside in the DAAT Cambridgeshire area
- Clients who do not have a care plan

Client referral form appendices

Ethnicity	The stated ethnicity of the client as defined in the OPCS census categories
Referral Date	The date that the client was referred to the agency for this episode of treatment – for example it would be the date a referral letter was received, the date of a referral phone call / fax or the date the client self referred.
Agency Code	An unique identifier for the agency that is defined by the regional NDTMS centres – for example L0001
Client Reference Number	A unique number or ID allocated by the treatment agency to a client. The client reference number should remain the same within an agency for a client during all treatment episodes.
Client ID	A technical identifier representing the client, as held on the clinical system used at the agency (NB: this should be a technical item, and must not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the client in the client table.
Consent for NDTMS	Whether the client has consented to this data being shared with (inter alia) the NTA .
Previously treated	Has the client ever received structured drug treatment at this or any other agency?
Post Code	The postcode of the client's residence. Depending upon regional preference regarding client confidentiality, this postcode may or may not be truncated, by removing the final two characters of the postcode (ie 'NR14 7UJ' would be truncated to 'NR14 7'.
Accommodation Status	The accommodation status refers to the current situation (30 days prior to treatment start) of the person demanding treatment. If the situation has changed within the last 30 days, the living status immediately prior to treatment contact should be entered.
Care Plan Started Date	Date that a care plan was created and agreed with the client for this treatment episode
Treatment Modality	The treatment modality or type a client has commenced in within this treatment episode as defined in models of care – A modality code should be used from the defined NTA reference list, a client may have more than one treatment modality running sequentially or concurrently within an episode. Please see appendix A for definition of an extra treatment modality 'other structured intervention'. Previously this item was referred to as 'Modality Type'.
Parental Status	Location of dependent children (under 16) for whom the client has parental responsibility