**London Holistic Needs Assessment**

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| --- | --- |
|  | For each item below, please select **yes** or **no** if they have been a concern for you during the last week, including today. Please also select **discuss** if you wish to speak about it with your health professional.Choose not to complete the assessment today by selecting this box [ ]   |
| Date: | Click here to enter text. | **Practical concerns** | **Yes** | **No** | **Discuss** | **Physical concerns** | **Yes** | **No** | **Discuss** |
|  |  | Caring responsibilities |[ ] [ ] [ ]  High temperature |[ ] [ ] [ ]
| Name: | Click here to enter text. | Housing or finances |[ ] [ ] [ ]  Wound care |[ ] [ ] [ ]
|  |  | Transport or parking |[ ] [ ] [ ]  Passing urine |[ ] [ ] [ ]
| Hospital/NHS number: | Click here to enter text. | Work or education |[ ] [ ] [ ]  Constipation or diarrhoea |[ ] [ ] [ ]
|  |  | Information needs |[ ] [ ] [ ]  Indigestion |[ ] [ ] [ ]
| Please **select the number** that best describes the overall level of distress you have been feeling during the last week, including today: | Difficulty making plans |[ ] [ ] [ ]  Nausea and/or vomiting |[ ] [ ] [ ]
|  | Grocery shopping |[ ] [ ] [ ]  Cough |[ ] [ ] [ ]
|  | Preparing food |[ ] [ ] [ ]  Changes in weight |[ ] [ ] [ ]
|  | Bathing or dressing |[ ] [ ] [ ]  Eating or appetite |[ ] [ ] [ ]
| 10 |[ ]  **Extreme distress** | Laundry/housework |[ ] [ ] [ ]  Changes in taste |[ ] [ ] [ ]
| 9 |[ ]   | **Family concerns** |  |  |  | Sore or dry mouth |[ ] [ ] [ ]
| 8 |[ ]   | Relationship with children |[ ] [ ] [ ]  Feeling swollen |[ ] [ ] [ ]
| 7 |[ ]   | Relationship with partner |[ ] [ ] [ ]  Breathlessness |[ ] [ ] [ ]
| 6 |[ ]   | Relationship with others |[ ] [ ] [ ]  Pain |[ ] [ ] [ ]
| 5 |[ ]   | **Emotional concerns** |  |  |  | Dry, itchy or sore skin |[ ] [ ] [ ]
| 4 |[ ]   | Loneliness or isolation |[ ] [ ] [ ]  Tingling in hands or feet |[ ] [ ] [ ]
| 3 |[ ]   | Sadness or depression |[ ] [ ] [ ]  Hot flushes |[ ] [ ] [ ]
| 2 |[ ]   | Worry, fear or anxiety |[ ] [ ] [ ]  Moving around/walking |[ ] [ ] [ ]
| 1 |[ ]   | Anger, frustration or guilt |[ ] [ ] [ ]  Fatigue |[ ] [ ] [ ]
| 0 |[ ]  **No distress** | Memory or concentration |[ ] [ ] [ ]  Sleep problems |[ ] [ ] [ ]
|  |  |  | Hopelessness |[ ] [ ] [ ]  Communication |[ ] [ ] [ ]
|  | Sexual concerns |[ ] [ ] [ ]  Personal appearance |[ ] [ ] [ ]
| **For health professional use** | **Spiritual concerns** |  |  |  | Other medical condition |[ ] [ ] [ ]
| Date of diagnosis: | Click here to enter text. | Regret about the past |[ ] [ ] [ ]   |  |  |  |
| Diagnosis: | Click here to enter text. | Loss of faith or other spiritual concern |[ ] [ ] [ ]   |  |  |  |
| Pathway point: | Click here to enter text. | Loss of meaning or purpose in life |[ ] [ ] [ ]   |  |  |  |

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**Care Plan**

During my holistic needs assessment, these issues were identified and discussed:

|  |  |
| --- | --- |
| **Preferred name:** Click here to enter text. | **Hospital/NHS number:** Click here to enter text. |
|  |
| **Number** | **Issue** | **Summary of discussion** | **Actions required/by (name and date)** |
| Example | Breathlessness | Possible causes identifiedCoping strategies discussedPrinted information provided | Referral to anxiety management programme; CNS to complete by 24th Dec |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Other actions/outcomes e.g. additional information given, health promotion, smoking cessation, ‘My actions’:Click here to enter text. |
|  |  |  |  |
| **Signed (patient):** Click here to enter text. | Date: Click here to enter text. |
| **Signed (healthcare professional):** Click here to enter text. | Date: Click here to enter text. |
|  |  |  |  |
| **For health professional use** |
| Date of diagnosis: Click here to enter text. | Diagnosis: Click here to enter text. | Pathway point: Click here to enter text. |