RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

SELCA
South East London Cancer Alliance

NHS
North Central and East London Cancer Alliance

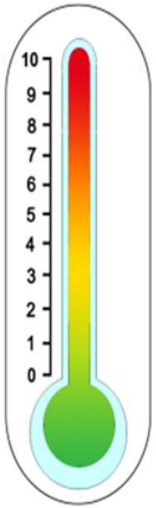
Pan-London Holistic Needs Assessment

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 healthcare professional. Choose not to complete the assessment today by selecting this box. ☐

Date:	
Name:	Click here to enter text.
Hospital / NHS number:	Click here to enter text.

Please **select the number** that best describes the overall level of distress you have been feeling during the last week, including today:

10 ☐ **Extreme distress**
9 ☐
8 ☐
7 ☐
6 ☐
5 ☐
4 ☐
3 ☐
2 ☐
1 ☐
0 ☐ **No distress**



For health professional use	
Date of diagnosis:	
Diagnosis:	Click here to enter text.
Pathway point:	Click here to enter text.

Practical concerns	Yes	No	Discuss
Caring responsibilities	☐	☐	☐
Housing or finances	☐	☐	☐
Transport or parking	☐	☐	☐
Work or education	☐	☐	☐
Information needs	☐	☐	☐
Difficulty making plans	☐	☐	☐
Grocery shopping	☐	☐	☐
Preparing food	☐	☐	☐
Bathing or dressing	☐	☐	☐
Laundry/housework	☐	☐	☐
Family concerns			
Relationship with children	☐	☐	☐
Relationship with partner	☐	☐	☐
Relationship with others	☐	☐	☐
Emotional concerns			
Loneliness or isolation	☐	☐	☐
Sadness or depression	☐	☐	☐
Worry, fear or anxiety	☐	☐	☐
Anger, frustration or guilt	☐	☐	☐
Memory or concentration	☐	☐	☐
Hopelessness	☐	☐	☐
Sexual concerns	☐	☐	☐
Spiritual concerns			
Regret about the past	☐	☐	☐
Loss of faith or other spiritual concern	☐	☐	☐
Loss of meaning or purpose in life	☐	☐	☐

Physical concerns	Yes	No	Discuss
High temperature	☐	☐	☐
Wound care	☐	☐	☐
Passing urine	☐	☐	☐
Constipation or diarrhoea	☐	☐	☐
Indigestion	☐	☐	☐
Nausea and/or vomiting	☐	☐	☐
Cough	☐	☐	☐
Changes in weight	☐	☐	☐
Eating or appetite	☐	☐	☐
Changes in taste	☐	☐	☐
Sore or dry mouth	☐	☐	☐
Feeling swollen	☐	☐	☐
Breathlessness	☐	☐	☐
Pain	☐	☐	☐
Dry, itchy or sore skin	☐	☐	☐
Tingling in hands or feet	☐	☐	☐
Hot flushes	☐	☐	☐
Moving around/walking	☐	☐	☐
Fatigue	☐	☐	☐
Sleep problems	☐	☐	☐
Communication	☐	☐	☐
Personal appearance	☐	☐	☐
Other medical condition	☐	☐	☐

August 2019

RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

SELCA
South East London Cancer Alliance

NHS
North Central and East London Cancer Alliance

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 identified Coping strategies discussed Printed information provided	Referral to anxiety management programme; CNS to complete by 24th Dec
1			
2			
3			
4			

Other actions/outcomes e.g. additional information given, health promotion, smoking cessation, 'My actions':

Signed (patient):	Date:
Signed (healthcare professional):	Date:

For healthcare professional use		
Date of diagnosis:	Diagnosis:	Pathway point: