

# Long Term Follow up - Holistic Needs Assessment

Information for patients

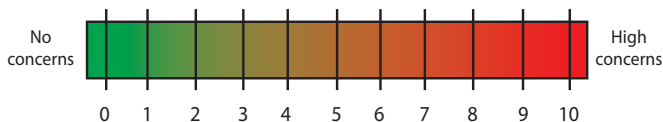
Name:

.....

Date completed:

.....

First please circle the number (0-10) that best describes the level of concern, in general you have been experiencing over the past month, including today.



The following is a list of concerns which people often report. If any of these have caused you concern or worry over the last month please tick the box.

If you have any other problems/concerns which have not been included please discuss them during your consultation.



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## Practical Concerns

- Insurance/Finance
- Work/School

## Practical Concerns

- Relationship with partner / children / family members
- Loss of social life

## Emotional Concerns

- Worry
- Sadness
- Depression
- Nervousness / anxiety
- Anger
- Loss of enjoyment

## Spiritual/religious Concerns

- Loss of religious faith
- Difficulty relating to God
- Loss of meaning or purpose of life

## Physical Concerns

- My original diagnosis & treatment
- Second cancers/tumours
- Growth & development
- Hormonal issues
- Fertility issues
- Sexual issues
- Psychological issues
- Healthy lifestyle
- Concerns about the way I look

## Other problems/concerns:

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.....

.....

## Please let us know the medications you are taking

Name of Medication	How much do you take?	How often do you take it?	What is this medication for?

## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*



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