





A guide to unlocking discussions with the healthcare team on your current holistic needs.

Name:	
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Date: .....



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LIVER THE HAST	r week what hav	e neen vour	main nroniem	is or worries?
Over the past	L VVCCN VVIIGLIIGV	C DCCII VOUI	THAIL PLODICH	13 OI WOITICS:

1	
2	
3	

Have any of the following affected you over the last week?

	Not at all (0)	Slightly (1)	Moderately (2)	Severely (3)
Pain or discomfort				
Tingling in hands/feet				
Breathlessness				
Lack of energy				
Poor appetite				
Nausea				
Vomiting				
Diarrhoea				
Constipation				
Sore/dry mouth				
Drowsiness				
Poor sleep				
Poor memory/ concentration				
Other symptoms:				1

How do you feel on this scale?	
1	10
Really poorly	Really well

## Over the past week

	Not at all (0)	Sometimes (1)	Most of the time (2)	Always (3)
Have you been feeling worried or anxious?				
Have your friends /family been worried about you?				
Have you felt depressed?				
Have you had as much information as you wanted?				
Have any practical problems resulting from your cancer (e.g. financial) been addressed?				

## Thank you for taking the time to complete this assessment tool.

Your Macmillan Cancer Nurse Specialist will arrange a time and date convenient for you to discuss your response in this document further.

Your Macmillan Cancer N	lurse is	
Carata at Nivershau		
Contact Number		••

In the meantime if you wish to discuss any further concerns raised in this document you can call the Macmillan Wellbeing team based in the Irene Crosswell Macmillan Wellbeing Lounge, based on the Ground Floor of the Cancer Centre on 01908 996563.

## **Key contact Numbers**

**Cancer Centre Helpline:** 01908 997634

**Cancer Centre Reception:** 01908 996351

**Cancer Centre Chemotherapy Suite:** 01908 996561

If you are concerned regarding any of your symptoms or feel unwell, please call the Acute Oncology / Haematology Contact: 01908 660033 Bleep 1090 to discuss further and for assessment.

Macmillan Cancer Support: 0800 808 00 00