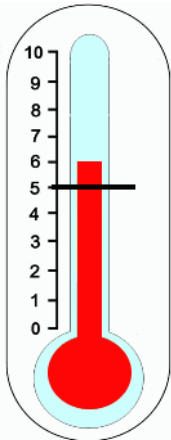


Patient Name: ZZZ, VICKY      MRN: 12345678      DOB: 27/06/2010      Date of Assessment: 11/12/2014

THIS PATIENT HAS A HIGH DISTRESS SCORE. Review remainder of report for potential causes of this distress and action the specific recommendations as detailed

Emotional	Recommendation
Wellbeing	Consider reasons for concern and, if required, refer to social work OR psychology OR clinical/health services for further assessment and care
Anxiety, Depression	Consider reasons for concern and compare to previous assessments (if available). If results are identical or increased, refer to social work OR psychology services for further assessment and care.
Functional	Recommendation
Lack of energy/tiredness, Staff acknowledgement of emotional needs	Clinically address as appropriate OR refer to relevant medical specialist OR allied health professional for further assessment and care
Transportation	Consider reasons for concern and, if required, refer to social work or centre-specific or community services for further assessment and care
Childcare, Housing, Insurance/Finance	Consider reasons for concern and, if required, refer to social work for further assessment and care
Physical	Recommendation
Appetite, Drowsy, Pain, Diarrhoea, Eating, Fatigue, Fevers, Feeling swollen	Clinically address as appropriate OR refer to relevant medical specialist OR allied health professional for further assessment and care

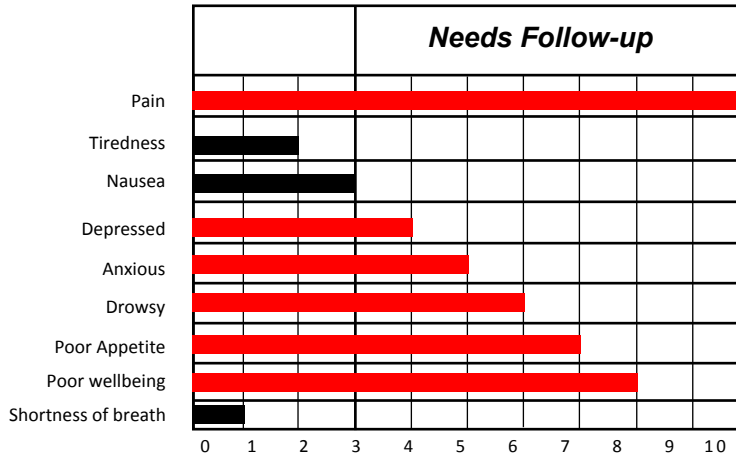
### 1. Distress (Distress Thermometer & Problem Checklist)



Practical problems:	Emotional problems:	Physical problems:	
Childcare	Depression	Appearance	Indigestion
Housing	Fears	Bathing/dressing	Memory/concentration
Insurance/financial	Nervousness	Breathing	Mouth sores
Transportation	Sadness	Changes in urination	Nausea
Work/School	Worry	Constipation	Nose dry/congested
Treatment decisions	Loss of interest in usual activities	Diarrhoea	Pain
Family problems:	Coping with illness	Eating	Sexual
Dealing with Children	Losing Hope	Fatigue	Skin dry/itchy
Dealing with partner	Other:	Feeling swollen	Sleep
Ability to have children	Spiritual/Religious	Fevers	Substance abuse
Family health issues		Getting around	Tingling in hands/feet

Patient Name: ZZZ, VICKY      MRN: 12345678      DOB: 27/06/2010      Date of Assessment: 11/12/2014

**2. Symptoms (ESAS)**



**KEY**

This issue is problematic for the patient

problem Line through item = patient did not complete this item

**4. Unmet Needs (SCNS-ST9)**

Need	Issue
Psychological	Fears about the cancer spreading
	Uncertainty about the future
Health system and information	<del>Being informed about your test results as soon as faesible</del>
	Being informed about things you can do to help yourself to get well
Physical and daily living	Lack of energy/tiredness
	Not being able to do the things you used to do
Patient care and support	<del>Reassurance by medical staff that the way you feel is normal</del>
	Hospital staff acknowledging and show sensitivity to your feelings and emotional needs
Sexuality	<del>Changes in sexual relationships</del>