

DT Treatment Review

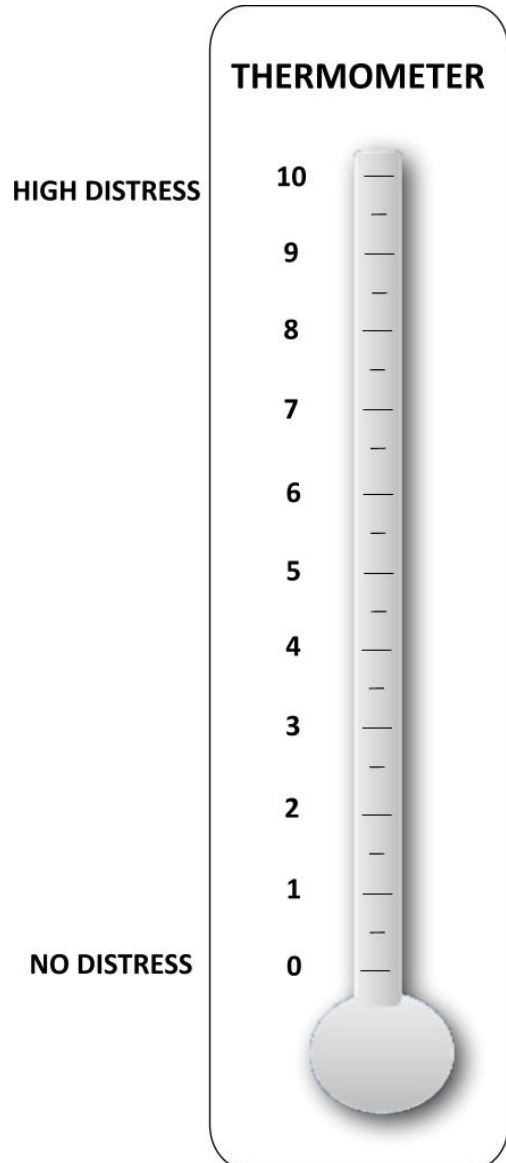
Patient's name

Date

1. Please circle the number below (0-10) that best describes in general how much distress you feel you have been experiencing over the past week, including today.

2. If any items below have been a cause of this distress for you over the past week, including today, please tick the box next to it. Please leave it blank if it does not apply to you.

3. Then rank (1st, 2nd, 3rd, 4th) your top 4 difficulties (1 would be the biggest problem, 4 would be your fourth biggest concern) and put this number beside the item in the RANKING column.



RANKING

Physical Problems

- My appearance
- Bathing or dressing
- Breathing difficulties
- Passing urine
- Constipation
- Diarrhoea
- Eating or appetite
- Fatigue, exhaustion or extreme tiredness
- Feeling swollen
- High temperature or fever
- Getting around (e.g. walking)
- Indigestion
- Sore or dry mouth
- Nausea or vomiting
- Pain
- Dry, itchy or sore skin
- Sleep problems and/or nightmares
- Tingling in hands and/or feet
- Changes in how things taste
- Hot flushes
- Memory or concentration
- Speech problems
- Wound care after surgery

Other concerns (e.g. other medical conditions, etc.):

RANKING

Practical Problems

- Caring responsibilities
- Finance, work or housing
- Transport or parking
- Questions about my illness / treatment
- Communication with NHS staff

Family Problems

- Relationship with my children
- Relationship with my partner
- Relationship with other relatives / friends

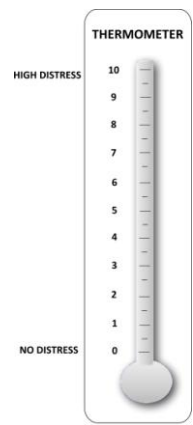
Emotional Problems

- Loneliness or isolation
- Sadness or depression
- Worry, fear or anxiety
- Anger or frustration
- Difficulty making plans
- Guilt
- Hopelessness
- Sexual concerns

Spiritual/religious concerns

- Loss of faith or other spiritual concern
- Loss of meaning or purpose in life
- Not being at peace with, or feeling regret about the past

Patient Details



Signed by staff member:	
	DURATION OF INTERVIEW: (in minutes)
Diagnosis:	

4

Highest ranked concerns	RATING	Description and history of problem	Plan of action
1			
2			
3			
4			