The amount of information patients and their family would like after the time of diagnosis of their cancer varies considerably. This Patient Concerns Inventory (diagnosis) is a checklist to help patients and their family raise issues that they want to talk about with the doctors, nurses and allied health professionals. **Tick as many or as few as you wish** to help you remember what you want to discuss with our head and neck team.

### Cause of Cancer
- Lifestyle issues (smoking/alcohol)
- HPV
- Other

### Multi-Disciplinary Team
- Dietician
- General Practitioner
- Nursing Staff
- Chaplain
- Occupational Therapist
- Clinical Nurse Specialist
- Dentist
- Clinical Psychologist
- Physiotherapist
- Financial Advisor
- Speech and Language Therapist
- Surgeon
- Dental Hygienist
- Audiologist
- Social Worker
- Oral Rehabilitation Team

### Overall level of distress during the last seven days:
- Extreme Distress
- Distress
- Moderate Distress
- Slight Distress
- None

### Treatment Related
- Investigations needed (MRI/CT)
- Cancer treatment: what choices of treatment are available
- Treatment intent: cure or palliation
- Clinical trials - contributing to research
- Nutrition/feeding tube/PEG
- What are the side effects/toxicity/complications of treatment
- Surgery: length of stay in hospital, neck dissection, laser, free
- Radiotherapy: mould room, # of treatments, sore mouth/skin
- Chemotherapy: number of treatments, deafness, nausea
- What is the chance of cure
- When will I know if I am all clear or if the treatment was
- What treatments are available if the cancer comes back
- How long am I likely to live
- Waiting time for commencement of treatment
- Duration of treatment
- Dental check up

### What Will I Be Like
- What are the main issues that patients find important e.g. speech, swallowing
- What ‘quality of life’ do patients report

### Social Care & Social Well being
- Carer
- Dependants/children
- Finance / money
- Benefits / what's free and what's not
- Time off work
- Home Care / District Nurse
- Recreation
- Relationships
- Speech / voice / being understood
- Support for my family

### Emotional/Spiritual Well-being
- Appearance
- Angry
- Anxiety
- Coping
- Depression
- Intimacy
- Fear of adverse events
- Memory
- Mood
- Self esteem
- Sexuality
- Spirituality and religious aspects
- Personality and temperment

### Physical and Functional Well-being
- Activity
- Appetite
- Coughing
- Dry mouth
- Energy levels
- Hearing
- Indigestion
- Mobility
- Mucous
- Nausea
- Regurgitation
- Salivation
- Shoulder
- Sleeping
- Smell
- Sore mouth
- Swallowing
- Swelling
- Taste
- Weight
- Bowel habit
- Chewing/eating
- Vomiting / Sickness
- Pain elsewhere
- Dental Health / teeth
- Fatigue / tiredness
- Mouth opening
- Pain in the head and neck

Tick below if you would like to learn more about how these professionals can help to support you.
**Care Plan**  
*During my holistic needs assessment, these issues were identified and discussed:*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Summary of discussion</th>
<th>Actions required/by (name and date)</th>
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</thead>
<tbody>
<tr>
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**Other actions/outcomes** e.g. additional information given, health promotion, smoking cessation, ‘My Actions’:

Signed (patient) ___________________________ Date ____________

Signed (healthcare professional) ___________________________ Date ____________

Diagnosis Date: ___________________________  Diagnosis: ___________________________

Pathway Point: ___________________________  Shaded area for office use only