Transforming Cancer Services Team for London

NHS

NHS
Croydon Clinical Commissioning Group

Prostate Cancer Care Plan

We have asked you to complete a Holistic Needs Assessment. This provides us with information to give you the best support to manage your condition. This survey lists some issues / concerns. Please indicate if any apply to you and if so which you would like to discuss at your next prostate cancer review with your GP/Practice Nurse.

Physical Concerns	Yes	No	Discuss
Problems when urinating or loss of bladder control	☐	☐	☐
Loss of Bowel control	☐	☐	☐
Constipation or diarrhoea	☐	☐	☐
Bleeding from the bowel	☐	☐	☐
Poor appetite	☐	☐	☐
Indigestion	☐	☐	☐
Bone pain	☐	☐	☐
Feeling tired	☐	☐	☐
Poor sleep	☐	☐	☐
Problems getting or keeping an erection	☐	☐	☐
No or loss of sex drive	☐	☐	☐
Unplanned weight gain or feeling swollen	☐	☐	☐
Unplanned weight loss	☐	☐	☐

Practical Concerns	Yes	No	Discuss
Caring for others	☐	☐	☐
Housing or finances	☐	☐	☐
Parking or transport	☐	☐	☐
Work or education	☐	☐	☐
Grocery shopping or making food	☐	☐	☐
Bathing or dressing	☐	☐	☐
Laundry or housework	☐	☐	☐
Information needs	☐	☐	☐

Emotional Concerns	Yes	No	Discuss
Loneliness or isolation	☐	☐	☐
Sadness or depression	☐	☐	☐
Worry, fear or anxiety	☐	☐	☐
Helplessness	☐	☐	☐

Relationship Concerns	Yes	No	Discuss
With children	☐	☐	☐
With partner	☐	☐	☐
With others	☐	☐	☐

Please write down anything else you wish to discuss with the GP or Practice Nurse:

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With thanks to STAR Project Team Southampton University Hospital for allowing us to adapt their assessment tool.

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Prostate Holistic Care Plan for_____ (Patient's name.)

After discussing my holistic needs these issues were identified and discussed:

Number	issue	Summary of discussion	Action required /by (name and date.)

Signed (Patient) _____Date_____

Signed (Healthcare professional) _____Date_____

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