

**PROBLEMS/CONCERNS ASSESSMENT**

**Patient Name**

An up to date summary of patients and carer's problems/concerns, regularly assessed and scored with suggested referral criteria. Please ensure you cover physical, social, psychological and spiritual issues, including those listed.

**Diagnosis**

**DATE**

**PROBLEMS/CONCERNS of PATIENT**

**COMMENTS**

*Pain*

*Nausea/Vomiting*

*Constipation*

*Insomnia*

**PROBLEMS/CONCERNS of CARERS**

**Key**

**Assessment for previous 24 hours**

- 0 - Absent**
- 1 - Present, not affecting daily life.**
- 2 - Present, moderate effect on daily life**
- 3 - Present, daily life dominated by symptom**

(Add so the score Patient (P) or Observer (O) if patient unable to communicate)

**Suggested referral criteria**

If a patient scores 2 or 3 for more than a week despite interventions, suggest referral to specialist palliative care service.