



North Shore Oncology Hematology Associates, LTD

In office use

Dr _____

Eval

K _____

Your doctor is interested in your overall wellbeing. To that end, our practice is working directly with the Cancer Wellness Center to ensure your social and emotional needs are addressed in addition to your medical needs.

Please take a moment to fill out this brief questionnaire that will assist us in guiding your treatment.

Thank you.

Name: _____ Date: _____

YES NO I would like more information about living with my diagnosis and how it may impact my life

YES NO I am unsure how to talk with my doctors and nurses about my needs or concerns

YES NO I am having difficulty finding a community of people that share the experience of being a cancer patient

YES NO I am having difficulty with at least one of the following:

- being fearful
- feeling nervous or stressed
- worrying about the future
- feeling more angry or irritable than usual
- feeling down, depressed or blue
- no longer enjoying the things I normally find pleasurable

YES NO I am having difficulty discussing the impact cancer is having on me with the people in my life (spouse/significant other, children, friends, etc)

On a scale of 1 to 10, with one (1) being no stress and ten (10) being the most extreme stress, how would you rate the level of stress you have been experiencing in the past week including today?

1 2 3 4 5 6 7 8 9 10



215 Revere Drive Northbrook, IL 60062 * Phone: (847) 509-9595 * Fax: (847) 509-9596
www.thecancerwellnesscenter.org

The Cancer Wellness Center is a non-profit organization that provides:

- Education
- Wellness activities
- Support services (counseling & group support)

FREE of charge to people diagnosed with cancer and their loved ones.

I would like to be contacted by a member of the Cancer Wellness Center staff...

- Now (within the next 2 weeks)
- At a later date (within a month)
- I would **NOT** like to be contacted

Name _____ Date _____

Phone Number _____

I would like to receive the Cancer Wellness Center calendar by... *(optional)*

E-mail _____

Mail _____

