

Adolescent and Young Adult (AYA) Cancer Services Initial Assessment

Name of AYA Keyworker/ Champion responsible for completion of the checklist:

Surname: _____ NHI _____

DOB: _____ SEX _____

Brief medical details (diagnosis, treatment plan, etc.)

Confidentiality and consent

| | YES | NO |
|---|--------------------------|--------------------------|
| Confidentiality explained | <input type="checkbox"/> | <input type="checkbox"/> |
| Obtained consent for assessment to be completed | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Details

Preferred Name:

Mobile:

Email:

Gender/ Pronoun:

Significant others contact details:

Psychosocial Assessment

Where is the young person at right now? ("Their story, any immediate worries and concerns)

Whānau/ whakapapa/ genogram (Structure of whānau including extended whānau connections, significant support people, any iwi affiliations, marae location, family violence)

Home/ Where Situation (Living situation i.e. Who do they live with? Where do they live? Safely at home)

Education/ Employment (School, study or work, academic achievement, vocational aspirations/ future goals, sense of belonging at school/ work)

Interests and social life (Sports, friendships, cultural group, extracurricular activities)

Lifestyle and substance use (Drugs/ alcohol, smoking, other risky behaviours, diet, body image, sleep patterns, physical activity)

Sexuality and relationships (Sexual health, safe sex, gender identity, sexual orientation, relationships, sexual abuse)

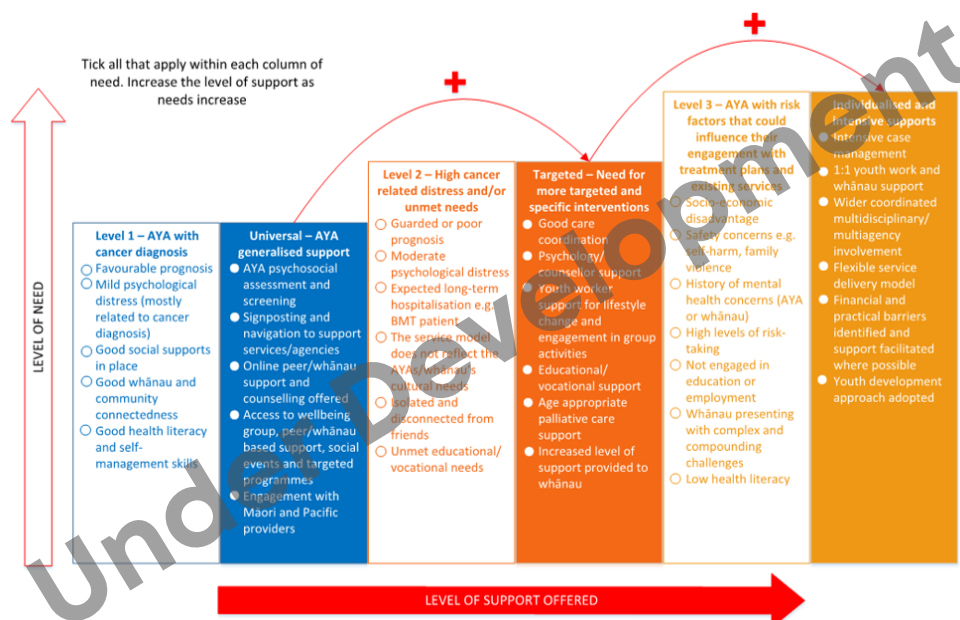
Emotional wellbeing and mood (Stress, anxiety/mood/depression/anger/suicidal thoughts and self-harm)

Faith, spirituality and culture (Religious beliefs, spiritual connections, whānau/family's cultural background, cultural considerations)

Practical Stressors (Financial, transport, childcare, housing)

Summary - Key needs identified

Please mark the current factors that apply to the AYAs situation. This will indicate and guide services to the appropriate level of care and support anticipated and needed by the AYA. Please note future psychosocial screening and assessments may determine the need to adjust the supports and intensity allocated



Plan

Empty space for writing the plan.

Plan made and discussed with a young person

YES

NO

Assessment completed by:

Date: