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| Our Ref: \*\*\*\*\*\*  Your Ref: \*\*\*\*\*\*  Date: \*\*/\*\*/\*\*\*\* | **Name of Practice**  xxxxxxxxxxxxxx  xxxxxxxxxxxxxx  xxxxxxxxxxxxxx  xxxxxxxxxxxxxx  xxxxxxxxx  Tel:  Email: |
| NAME OF ADDRESSEE  ADDRESS LINE 1  ADDRESS LINE 2 |  |
| **Re: Your recent diagnosis of cancer** | |

Dear

We would like to invite you to attend the practice for a Cancer Care Review. This is a review designed to be undertaken for people who have had a diagnosis of cancer within 6 month.

The appointment should last 20-30 minutes.

This is an opportunity for us to discuss any on-going treatment you may have, any side effects you could have from your treatment as well as talking through any concerns and fears that you or those that are close to you may have and identifying what support can be provided.

You should already have been given information about the cancer that you have and the treatment from your Consultant and/or Clinical Nurse Specialist. The hospital where you are being treated will keep us informed of your care and you will have the opportunity to receive copies of these letters if you wish.

Please find enclosed a copy of the concerns checklist to complete and bring with you to your appointment. You are encouraged to bring a friend or family member with you to your appointment if you wish.

Please do not hesitate to contact this practice if you have any concerns or if you do not wish to take this appointment

Yours sincerely