

# My Prostate Cancer Treatment Journal

## Keep complete track of your treatment.

Use this journal to record all your most important treatment information. This includes how to contact your healthcare team, what medications you take, when you take them, and where you get your prescription refills. Provide caregivers and family members with copies of your Journal, especially if they help pick up refills for you.

**My oncologist:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**My physician:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**My pharmacy:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Medication	Reason I take it	Dosage (How much I take)	Directions (How I take it)	Prescribing doctor (Name, phone, fax)	Next refill