

My Journal



My Journal

Name

Using Your Journal

Write in this journal to help keep your treatment plan on track

This personal treatment journal is intended to help you to follow the treatment plan your doctor recommends. The journal includes:

My Team

- Contact information of your doctors, nurses, emergency services, health insurance, and pharmacies

My Medications

- A handy list of all the medications you take that can be shared with your doctor and pharmacist

My Health

- A simple logbook to write down each time you take your medicine and track how you're feeling

My Questions

- Important questions to remember to ask your doctor

My Support

- People and groups to help you during your treatment

My Inspiration

- Write down ideas or compelling quotes that inspire you during treatment

My Team

To help keep on track with your treatment plan, keep a list of the healthcare professionals you turn to for care and answers to your questions.

If I have questions about my treatment, I should contact:

Name

Telephone number

E-mail address

If I have questions about my prescription, I should contact:

Name

Telephone number

My emergency contact:

Name

Telephone number

Other important members of my team:

Name

Telephone number

E-mail address

Name

Telephone number

E-mail address

Name

Telephone number

E-mail address

My Medicines

Write down all the prescription medicines you take and show this list to your doctor and pharmacist. Make sure to update this section when you start a new medication.

Medication	Dose	How to take	Start date	Notes
Prescription	Pill (10 mg)	Once a day, with or without food	2/5/16	Doctor said I'm responding to the medication.

My Vitamins and Supplements



Write down any vitamins, supplements, or over-the-counter medicines you take and show this list to your doctor and pharmacist.

Vitamin/supplement	How to take	Start date	Notes

My Allergies

Write down everything you are allergic to. This can include medicines, foods, beauty products, fabrics, dust, and more. Show this list to your doctor and pharmacist.

What I'm allergic to	What to do	Notes

My Health

Use this journal to keep a record of your health, specifically noting when you take your medicine and how you feel on treatment. Then, bring this with you to your next doctor appointment.

If you're not feeling well, your doctor may be able to prescribe other medicines to make it easier for you to stay on your treatment.

Always take your medicine exactly as your doctor tells you to. To help your doctor know if you are improving or feeling worse, rank how you feel from 1 to 5. A ranking of 1 would mean you feel nothing wrong, while 2-5 would mean you're feeling progressively worse as the numbers increase.

Check the boxes each day, after you take your medicine as prescribed by your doctor.

Example:

Date	6/1	Morning dose	<input checked="" type="checkbox"/>	Evening dose	<input type="checkbox"/>
Rank how you feel	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Side effects	Tired				
Things to tell nurse/ doctor:	Feeling low energy today				
Notes:					

Date <input type="text"/>	Morning dose <input type="text"/>	Evening dose <input type="text"/>
Rank how you feel	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>
Side effects		
Things to tell nurse/ doctor:		
Notes:		

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Rank how you feel	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/>
Side effects		
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Side effects		
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My Questions



In addition to telling your doctor about any side effects you may experience, you may also have questions about your treatment.

Show your doctor these questions at your next office visit, and write down the answers.

Date	Doctor	Questions	Answers

My Support



Everyone needs support. Learn how to ask for help when you need it. It's important.

Support takes many forms. It can be emotional support. It can be someone to drive you to the doctor. It can be someone to help you get groceries. Write down the friends or social networks you can turn to when you need a little extra help.

Name	Phone number	E-mail	Notes

You are not alone—connect with others who understand:

www.cancercare.org

Provides telephone, online, and face-to-face counseling, support groups, education, publications, and financial assistance

www.caringbridge.org

Connect with your supporters and other patients who want to share their personal stories

www.clearityfoundation.org

Helps eligible women obtain and understand the molecular profile of their tumor

www.facingourrisk.org

Education, advocacy, and research specific to hereditary breast and ovarian cancer

www.inspire.com

Join a community to share and learn about ovarian cancer, treatment, and support

www.ocrf.org

A support network that connects survivors, women at risk, and caregivers

www.ovarian.org

Learn how you can support cancer organizations, get medical information, and find future events

