

## Resources

**Track Your  
Prostate Cancer  
Journey**

## Welcome

Dear Prostate Cancer Patient,

Your Prostate Cancer journey will require visits with several doctors and medical professionals. It is helpful if you track and make notes of these visits.

The BC Prostate Cancer Foundation has published a very useful booklet ( Your Prostate Cancer Passport) available to all men diagnosed with Prostate Cancer in Canada. Prostate Edmonton Peer Support Society has copies available upon request.

In the interim, print this document to help you start tracking your journey immediately. With 1 in 9 men diagnosed with Prostate cancer, you are not alone on this journey. Prostate Edmonton Peer Support Society welcomes your request for assistance. Start your request for assistance by contacting us at [info@pepss.ca](mailto:info@pepss.ca)

As you move forward on your journey, you will learn the CJ Woods Prostate Health Clinic in partnership with the Cross Cancer Institute and Cura Therapies offers excellent educational programs and resources.

Executive

PEPSS (Prostate Edmonton Peer Support Society)

Charitable Reg. No 73660 9686 RR0001

## Personal Information

Name

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Address

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Telephone

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Insurance Policy#

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Personal Healthcare #

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## Important Contacts

### Emergency Contact Person #1

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Emergency Contact Person #2

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Email Emergency Contact Person #3

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Family Doctor

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Urologist

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Medical Oncologist

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Important Contacts

### Radiation Oncologist

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Peer Navigator

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Counsellor

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Prostate Cancer Support Group #1

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### Prostate Cancer Support Group #2

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Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medical History

Date of diagnosis \_\_\_\_\_

Reason for diagnosis \_\_\_\_\_

Second opinion \_\_\_\_\_

Comments \_\_\_\_\_

Clinical stage \_\_\_\_\_

Gleason score \_\_\_\_\_

PSA score at diagnosis \_\_\_\_\_

	Treatments	Type
Date	_____	_____
Date	_____	_____
Date	_____	_____
Date	_____	_____
Date	_____	_____

Other Important Health Issues \_\_\_\_\_

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## Health Care Appointments

Date	Name of Doctor	Location
Treatment given, comments, advice received		

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Treatment given, comments, advice received		

Date	Name of Doctor	Location
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## Test Results

Test	Date
Results	

Test	Date
Results	

Test	Date
Results	

Test	Date
Results	

## Test Results

Test	Date
Results	

Test	Date
Results	

Test	Date
Results	

Test	Date
Results	

## PSA Results

Use this chart to track your PSA results. It is important to track your PSA results. If you see an unusual change or sudden upturn in the graph, you should discuss this with your doctor.

Date	Results

## Medications

Keep up to date by crossing out those medications you no longer use and add those you have started.

Date Started	Type	Amount	How Often	Date Ended

## Radiation Therapy

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

## Radiation Therapy

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

Date	Name of Doctor	Location
Treatment given, comments, advice received		

## Questions You May Want to Ask Your Doctor

We strongly encourage you to review the following questions from page 16 to 20 and make note of the top 5 or 6 most important questions that you have for your doctor or healthcare team to ensure that the questions that you are most concerned about are answered.

What is my prostate-specific antigen (PSA) level? What does this mean in relation to my prostate cancer?

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Is my cancer low-grade, intermediate grade, or high-grade?

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What is a Gleason score and what is mine?

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How aggressive is my prostate cancer?

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What are my treatment options?

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## Questions You May Want to Ask Your Doctor

What would you recommend for treatment?

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Will I need more tests? Which ones?

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Will I need to keep going for PSA tests? How often?

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Do I need prostate cancer treatment right away, or is it possible to wait and see if the cancer grows?

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What is active surveillance? Is it right for me?

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## Questions You May Want to Ask Your Doctor

What are the potential side effects of each treatment?

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Is there one treatment option you think is best for me?

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What are the risk factors for prostate cancer?

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Do any of my risk factors change potential treatment plans? How?

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## Questions You May Want to Ask Your Doctor

These aspects of my quality of life are the most important to me:

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Which treatment options are available to me that will least affect these aspects of my life?

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What is your experience with these treatments?

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What are the risks if my cancer is not treated soon?

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What are the chances I will have issues with incontinence, erectile dysfunction or rectal issues?

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## Questions You May Want to Ask Your Doctor

Has my prostate cancer spread beyond my prostate?

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What happens if the cancer spreads beyond my prostate?

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What are some changes to my diet and lifestyle I can make to help improve treatment outcomes and quality of life?

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Are there any prostate cancer resources or websites that you would recommend? For myself, my partner, or my loved ones?

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Is there anything else you think I should know?

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