



# My Cancer Notebook

## Cancer Patient Information and Resources:

**My Cancer Notebook** is Part 2 of a cancer information and resource series for cancer patients and their families.

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- **Part 1: Your Guide to CancerCare Manitoba**

This brochure can help you to prepare and plan for your first appointment, and has basic information and contact numbers.

- **Part 2: My Cancer Notebook**

A notebook where you can record and organize your cancer treatment and care.

- **Part 3: My Cancer Handbook**

A large handbook, which is a combination of Part 1 and Part 2 and more.

**Copies or topics from the handbook can be printed from the CCMB website at [www.cancercare.mb.ca](http://www.cancercare.mb.ca)**

### For a copy of any of these resources you can:

Go to the CancerCare Manitoba website at: [www.cancercare.mb.ca](http://www.cancercare.mb.ca) under the Patient and Family section.

Call or visit the Patient and Family Resource Centre located at:

CancerCare Manitoba, Room 1016 - 675 McDermot Avenue, Winnipeg, MB  
Phone: 204-787-4357 or Toll-free 1-866-561-1026.

## What Language Do You Speak at Home?

It is important that you and your family can ask questions and have answers in your own language.

Please ask for an interpreter for you or your family when your appointments are made. This service is free.

## Disclaimer

**Note:** The information provided in your **Notebook** is for your use only and is not a substitute for professional medical advice regarding your health or the medication(s) and treatments.

If you have questions, please contact your doctor or nurse.

# Welcome to CancerCare Manitoba

CancerCare Manitoba and our healthcare partners have developed **My Cancer Notebook** to support you and your family during your cancer journey. It will assist you in keeping important medical information such as appointment times and test results all in one place. It includes helpful information about your healthcare team, contact lists, and patient support services. Use this notebook to help you feel more in control of your cancer journey. You or your support person can fill in the information.



The Cancer Patient Information and Resource series includes expert advice from CancerCare Manitoba staff, our healthcare partners, and cancer patients. We are also grateful to the CancerCare Manitoba Foundation for its assistance in developing these important resources.

On behalf of all cancer care providers in Manitoba,

A handwritten signature in black ink, appearing to read 'Sri Navaratnam'.

**Dr. Sri Navaratnam**

PRESIDENT & CEO

CANCERCARE MANITOBA

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# In Case of Emergency: About Me

Please complete the information below to make it easier for you, your support people and your healthcare providers to know your medical and cancer care information.

Name: .....

Home Address: .....

Local Address (if not staying at home): .....

Home Phone: .....

Cell Phone: .....

Local Phone: .....

Other Contact Number: .....

Birth Date: .....

Language Spoken at Home: .....

Manitoba Health # (6 digits) .....

Personal Health I.D. # (9 digits) .....

Additional Insurance Held (example Blue Cross) .....

.....

## Keep Your Information Private

You are responsible for the privacy of information in this notebook.

This is not a substitute for your medical records.

# In Case of Emergency: About Me (cont'd)

## My Emergency Contact Information *(family, friend, other)*

Who can be contacted if there is a medical emergency?

Name: .....

Relationship to me: .....

Phone number (home): .....

Phone number (work): .....

Phone number (cell): .....

Name: .....

Relationship to me: .....

Phone number (home): .....

Phone number (work): .....

Phone number (cell): .....

## Family Doctor

Name: .....

Phone Number: .....

# In Case of Emergency: About Me (cont'd)

## Cancer Medical Information

Cancer Diagnosis: .....

.....

Date of Diagnosis: .....

Notes: .....

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## Medical Oncologist (Chemotherapy Doctor):

Name: ..... Phone Number: .....

## Primary Nurse:

Name: ..... Phone Number: .....

## Surgical Oncologist:

Name: ..... Phone Number: .....

## Primary Nurse:

Name: ..... Phone Number: .....

## Radiation Oncologist:

Name: ..... Phone Number: .....

## Primary Nurse:

Name: ..... Phone Number: .....

# In Case of Emergency: About Me (cont'd)

## Cancer Treatment: What type of treatment have you had?

Radiation Therapy: .....

.....

Chemotherapy: .....

.....

Other therapies such as Tamoxifen: .....

.....

.....

Date of last treatment: .....

Cancer Surgery (type) such as: *mastectomy (breast removed), colon removed, or other*): .....

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.....

Date of Surgery: .....

## Cancer History

Date: .....

Diagnosis, change in disease: .....

.....

cont'd on page 6

# In Case of Emergency: About Me (cont'd)

Date: .....

Diagnosis, change in disease: .....

Date: .....

Diagnosis, change in disease: .....

## Is there a family history of cancer?

Who? .....

What Types? .....

Who? .....

What Types? .....

Who? .....

What Types? .....

Who? .....

What Types? .....



# In Case of Emergency: About Me (cont'd)

## Other Medical Information

Other Surgery (not cancer surgery) such as *appendix, C-section, tonsils, gall stones, other* .....

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List any other medical problems you have (for example, *diabetes, high blood pressure, allergies, drug reactions, mental health, central line, other*) .....

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## Other Things My Health Care Provider Should Know

Important Life Events that I want to consider when planning my treatment.

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cont'd on page 8

**In Case of Emergency: About Me (cont'd)**

Other things my health care provider needs to know about me  
as a person? .....

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Where do I get my support? .....

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# My Team

Use this page to write down the names of your health care team members and their role in your cancer journey. This can include your *counsellor*, *dietitian*, *spiritual health provider*, *social worker*, etc.

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: (Office hours, who to call when not available etc.) .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: (Office hours, who to call when not available etc.) .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: (Office hours, who to call when not available etc.) .....

For more information on the roles of your health care team members, please see **Who might I meet during my cancer journey?** on page 34 in the **My Cancer Handbook** available at **[www.cancercare.mb.ca](http://www.cancercare.mb.ca)**

# My Team (cont'd)

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

cont'd on page 11

# My Team (cont'd)

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

Name: ..... Role: .....

Phone (office): ..... Phone (other): .....

Email: .....

Notes: *(Office hours, who to call when not available etc.)* .....

## General Information

**CancerCare Manitoba** 675 McDermot Ave. (by HSC)

Ph: 204-787-2197

Toll-free 1-866-561-1026

### St. Boniface site

Ph: 204-237-2033

Toll-free 1-866-561-1026

### Western Manitoba Cancer Centre

Ph: 204-578-2222

Toll-free 1-866-561-1026

### Cancer Helpline

Ph: 204-787-8900

Toll-free 1-866-561-1026

8:00 a.m. – 6:00 p.m. Monday to Friday

# Helpful Support Services



## Patient Representative at CancerCare Manitoba

Talk to the Patient Representative if you have questions, complaints, concerns or compliments about your care.

Ph: 204-787-2065 or 204-235-3445

Toll-free 1-866-561-1026



## Patient Access Coordinator (First Nation, Metis and Inuit Cancer Control)

Call if you have concerns about your treatment plan or delays, problem-solving with FNIHB, questions about your care and what will happen next.

Ph: 204-787-4986 or Toll-free 1-855-881-4395



## Patient Assistance Coordinator

Call ahead for any special needs. You can arrange a wheelchair to meet you at the door or a guide to take you to any appointment (including tests in the hospital).

Ph: 204-787-4767

## Cancer Navigation Service

<b>Interlake-Eastern Regional Health Authority</b>	<b>Toll-free 1-855-557-2273</b>
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<b>Northern Health Region</b>	<b>Toll-free 1-855-740-9322</b>
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<b>Prairie Mountain Health</b>	<b>Toll-free 1-855-346-3710</b>
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<b>Southern Health-Sante Sud</b>	<b>Toll-free 1-855-623-1533</b>
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<b>Winnipeg Regional Health Authority</b>	<b>Toll-free 1-855-837-5400</b>
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## Helpful Support Services (cont'd)



### Patient and Family Support Services

Skilled professionals can help and support you or your family if you have cancer.

- Counselling for patients and their families.
- Spiritual health services.
- Nutrition Services.
- Speech Language Pathology.
- Patient and Family Resource Centre.
- Breast & Gyne Cancer Centre of Hope.
- Guardian Angel Caring Room (wigs and headwear, Look Good Feel Better programs).
- Support groups and programs such as Yoga & Cancer, Brain Fog, Mindfulness Practice Meditation, Expressive Arts Group and others.

For more information about these programs and services call:

Ph: 204-787-2109 or Toll-free 1-866-561-1026

### Sexuality Counsellor

A Sexuality Counsellor is available to help you with any concerns you may have. Many people with cancer experience problems with body image, sexuality or sexual functioning.

For more information call Dr. Anne Katz

Ph: 204-787-4495 (direct line).

### The Navigator Newsletter

See a copy of the Navigator Newsletter for a monthly calendar of cancer-related support groups, information sessions and other programs. This newsletter can be found in waiting rooms or online at [www.cancercare.mb.ca](http://www.cancercare.mb.ca), click on Patient and Family tab and go to Support.

# My Diagnosis

Name of your tumour/lump or illness: .....

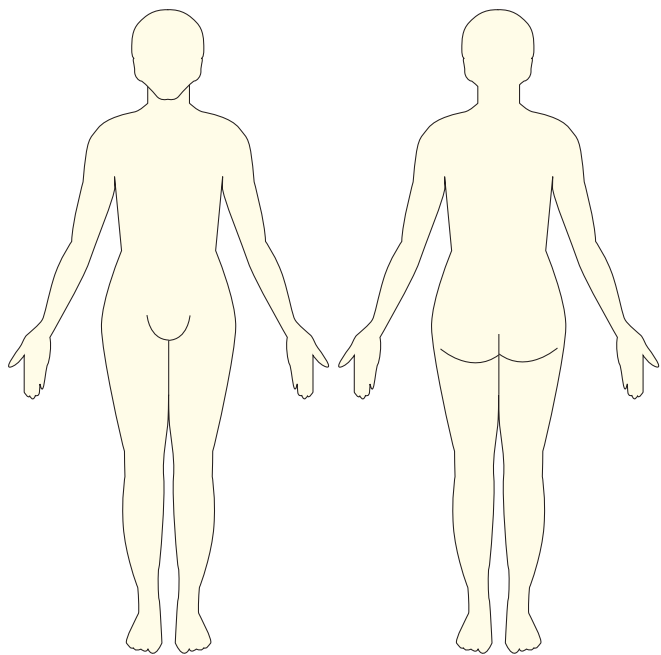
.....

Date of Diagnosis: .....

## Treatment Options:

- ☐ Surgery
- ☐ Chemotherapy
- ☐ Radiation Therapy
- ☐ Observation and on-going monitoring
- ☐ Comfort care (pain and symptom management)
- ☐ Other (this can include the use of hormones or natural medicines):

.....





## My Diagnosis (cont'd)

You can take notes here: .....

# My Chemotherapy Treatment Plan

When you go in for treatment, enter the names of your cancer medications and other drugs in the table below. This information will be important if you have pain, problems or a reaction (side effects or symptoms).

If you need to go to a hospital for Urgent or Emergency care, take this list with you.

Date of first Chemotherapy Treatment: .....

Date	Chemotherapy or Other Treatment <i>(including medications given before and after chemotherapy)</i>

# My Chemotherapy Treatment Plan (cont'd)

Overall Treatment Plan			
# of Chemo Cycles (or other therapy)	How often <i>e.g. every week, every two weeks, etc.</i>	Planned Start Date	Planned End Date

Drugs/Medications to be taken at home before and/or after treatment	Additional Information/Instructions

# My Surgery Treatment Plan

Your family doctor, nurse practitioner or other specialist may have referred you to a surgeon. You will have a meeting (consultation) with your surgeon. Once you and your surgeon agree that surgery will be part of your cancer treatment, the surgeon's staff will arrange a date for the operation and any extra tests or consultations (meetings with other specialists) that you will need.

**Questions to ask:**

What surgery do I need? .....

.....

What tests need to be done first? .....

.....

Will I need to meet with other people prior to my surgery? Example *nurse educator, pre-operative nurse (PAC clinic), anaesthesiologist*. .....

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.....

When is my surgery? .....

Where will my surgery be? .....

At what time do I need to arrive at the hospital? .....

What will happen in my surgery? .....

.....

Who should I contact about my results and when? .....

.....

# My Surgery Treatment Plan (cont'd)

## My appointments prior to surgery

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

Date: ..... Time: .....

Where: ..... With who: .....

### Ask!

Ask for written instructions on how to prepare for the surgery.

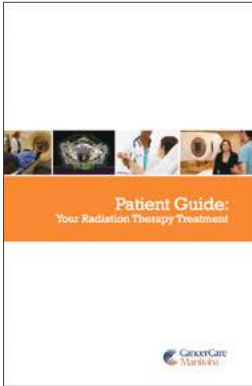
# My Radiation Therapy Treatment Plan

If you have Radiation Therapy, you will be provided with the booklet **Patient Guide: Your Radiation Therapy Treatment**. It will help you learn more about radiation therapy and help you track your therapy.

You can also download and print the guide from the CancerCare Manitoba website.

Go to [www.cancercare.mb.ca](http://www.cancercare.mb.ca) and click on the **Patient & Family** tab: On the left side menu,

- Click on **Treatment Services**
- Click on **Radiation Therapy**



You can call the following CancerCare Manitoba locations for a copy:

- CancerCare Manitoba 675 McDermot Ave.  
Radiation Therapy Department  
204-787-2252
- Western Manitoba Cancer Centre (Brandon, Manitoba) –  
Radiation Therapy Department  
204-578-2222

**Notes about my treatment:** .....

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# My Radiation Treatment and Tests Record

You can keep track of your treatments on the following pages.

**How to use:** It might be useful to record the results as well as the date, time and type of treatment. Fill in the details of your treatment below.

Treatment/Test: .....

Date, time and location: .....

Details: .....

Side effects: .....

Results: .....

Notes: .....

Treatment/Test: .....

Date, time and location: .....

Details: .....

Side effects: .....

Results: .....

Notes: .....

cont'd on page 22

## Ask!

Ask for a copy of your medical tests (blood tests, x-rays, pathology reports etc.) and ask what they mean.

# My Radiation Treatment and Tests Record (cont'd)

Treatment/Test: .....

Date, time and location: .....

Details: .....

Side effects: .....

Results: .....

Notes: .....

Treatment/Test: .....

Date, time and location: .....

Details: .....

Side effects: .....

Results: .....

Notes: .....

Treatment/Test: .....

Date, time and location: .....

Details: .....

Side effects: .....

Results: .....

Notes: .....

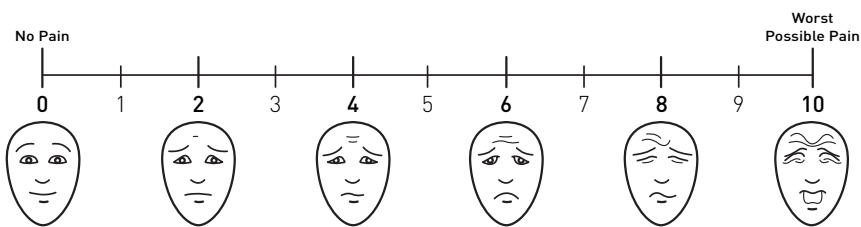


# My Symptom, Pain and Side Effect Tracker

The treatments you receive are to treat your disease (cancer). Sometimes they may cause side effects. You may experience symptoms and side effects that are related to the type of cancer you have and the types of treatment you receive.

You can use this section to:

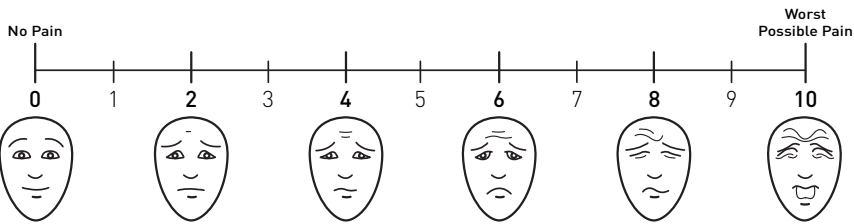
- Keep track of the symptoms and side effects you experience to share with your health care team.
- Monitor any pain you experience and track what helps make your pain better.



Date	Time of Day a.m./p.m.	Symptom or Side Effect: How I feel	My Pain Scale Number

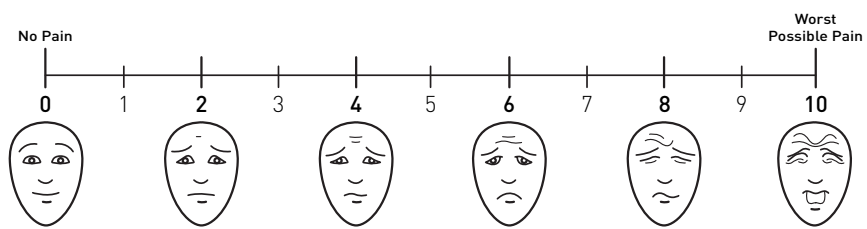
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# My Symptom, Pain and Side Effect Tracker (cont'd)



Date	Time of Day a.m./p.m.	Symptom or Side Effect: How I feel	My Pain Scale Number

# My Symptom, Pain and Side Effect Tracker (cont'd)



Date	Time of Day a.m./p.m.	Symptom or Side Effect: How I feel	My Pain Scale Number

# My Mood Tracker: Good Days and Bad Days

Cancer has an emotional impact. Some people find it useful to write down how they are feeling and keep track of their emotions in a “mood” diary. It helps understand your feelings better and can help you remember things you want to talk to someone about.

Write down when you felt your best or when you did not during the week, and what you were doing and thinking at the time.

Read the section on **Taking Control: What you can do** in the **My Cancer Handbook** for more information.

**For the week starting:** .....

When did you feel best during the week? .....

What were you doing? .....

What were you thinking? .....

When did you feel the worst this week? .....

What were you doing? .....

What were you thinking? .....

How much sleep did you get last night? .....

It can be helpful to talk to a counsellor about how you are feeling. Call CancerCare Manitoba Patient and Family Support Services **204-787-2109** or Toll-free **1-866-561-1026**. There are counsellors specializing in cancer care at all Winnipeg hospitals and throughout Manitoba.

# My Mood Tracker: Good Days and Bad Days (cont'd)

Write down when you felt your best or when you did not during the week, and what you were doing and thinking at the time.

**For the week starting:** .....  
When did you feel best during the week? .....  
What were you doing? .....  
What were you thinking? .....  
When did you feel the worst this week? .....  
What were you doing? .....  
What were you thinking? .....  
How much sleep did you get last night? .....

**For the week starting:** .....  
When did you feel best during the week? .....  
What were you doing? .....  
What were you thinking? .....  
When did you feel the worst this week? .....  
What were you doing? .....  
What were you thinking? .....  
How much sleep did you get last night? .....

cont'd on page 28

# My Mood Tracker: Good Days and Bad Days (cont'd)

Write down when you felt your best or when you did not during the week, and what you were doing and thinking at the time.

**For the week starting:** .....

When did you feel best during the week? .....

What were you doing? .....

What were you thinking? .....

When did you feel the worst this week? .....

What were you doing? .....

What were you thinking? .....

How much sleep did you get last night? .....

**For the week starting:** .....

When did you feel best during the week? .....

What were you doing? .....

What were you thinking? .....

When did you feel the worst this week? .....

What were you doing? .....

What were you thinking? .....

How much sleep did you get last night? .....

# My Follow-up Care Plan

## My Follow-up Care Plan: When Treatment is Finished

After your treatment is finished, your health care team will talk to you about your follow-up care plan. This plan will tell you how often you need to see a health care provider, what tests you may need, what symptoms to look for, and who to call if you have symptoms.

Each person will have their own follow-up care plan for the type of cancer and treatment they had.

You can write down your follow-up plan on this sheet.

**How often should I see my doctors?** .....

Doctor Name: .....

How Often? .....

**What follow-up tests, if any, should be done?** *(for example CT scan, MRI, Bone Scan)* .....

.....

.....

.....

How Often? .....

**Are there symptoms I should watch for?** .....

.....

.....

.....

**If I develop symptoms who should I call?** .....

.....

# My Appointment & Activity Schedule

Track your cancer appointments and activities.

Do you feel better? .....

Are you doing too much? .....

Appointments/Activities, etc. **For the Week starting:** .....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Notes/things I want to remember: .....

Questions I want to ask: .....



# My Appointment & Activity Schedule (cont'd)

Appointments/Activities, etc. For the Week starting: .....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Notes/things I want to remember: .....  
.....

Questions I want to ask: .....  
.....

cont'd on page 32

# My Appointment & Activity Schedule (cont'd)

Appointments/Activities, etc. **For the Week starting:** .....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Notes/things I want to remember: .....

Questions I want to ask: .....

# My Appointment & Activity Schedule (cont'd)

Appointments/Activities, etc. For the Week starting: .....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Notes/things I want to remember: .....  
.....

Questions I want to ask: .....  
.....

cont'd on page 34

# My Appointment & Activity Schedule (cont'd)

Appointments/Activities, etc. **For the Week starting:** .....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Notes/things I want to remember: .....

Questions I want to ask: .....

## Notes

# Notes

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## Notes

# Acknowledgments



*All funds raised stay in Manitoba.*

**CancerCare Manitoba Foundation** is honoured to support the production of **My Cancer Handbook**, **My Cancer Notebook** and **Your Guide to CancerCare Manitoba**. It is our donors' gift to you.

These three resources are only one of many ways the Foundation helps cancer patients and families in Manitoba. Since our Foundation started in the year 2000, we have supported hundreds of projects at CancerCare Manitoba with the ultimate goal of helping to reduce the impact of cancer on all Manitobans. At the Foundation we are privileged to meet many of the patients and families we serve. Your stories inspire our donors and remind all of us why the Foundation's work is so important.

## We want to hear from you!

Tell us if this notebook was helpful. Fill out an online survey at [www.cancercare.mb.ca/cancernotebook](http://www.cancercare.mb.ca/cancernotebook)

