



Menstrual Record Chart

Obstetrics & Gynecology

Print Patient Name: _____ DOB: _____

Phone: _____

Year: _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number of days from start of period to beginning of next
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
January																																
February																																
March																																
April																																
May																																
June																																
July																																
August																																
September																																
October																																
November																																
December																																

Don't forget to have this chart with you when you call or visit your doctor

TYPE OF FLOW

Normal

+ Exceptionally light

■ Exceptionally heavy

• Spotting