

**WOMEN'S HEALTH CENTER OF SOUTHERN OREGON, P.C.**

Patient Name: \_\_\_\_\_

**479-8363**

**MENSTRUAL CYCLE RECORD**

Year { \_\_\_\_\_ }

DAY →	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	
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																

Enter appropriate letter in proper calendar day square →

- S = Spotting
- B = Bleeding
- H = Heavy Bleeding