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Address \_\_\_\_\_ Phone \_\_\_\_\_

Year \_\_\_\_\_

## MENSTRUAL RECORD CHART

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	# of days from start of period to beginning of next	Breast Exam Done				
Jan.																																					
Feb.																																					
Mar.																																					
Apr.																																					
May.																																					
Jun.																																					
Jul.																																					
Aug.																																					
Sep.																																					
Oct.																																					
Nov.																																					
Dec.																																					

### TYPE OF FLOW

- Normal
- Exceptionally Light
- Exceptionally Heavy
- Spotting


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

Dr. \_\_\_\_\_