

MENSTRUAL FLOW CHART

Patient: _____

DOB: _____

| cycle | 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 | ** # of days |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------------|
| Jan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

** # of cycle days = count from the day that you start your period to the day that you start your next period

Type of Flow

Normal = N

Light = L

Heavy = H

Spotting = S