**MENSTRUAL FLOW CHART**

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

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\* # of 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 days



\* 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 your next period

**Type of Flow**

**Normal = N**

**Light = L**

**Heavy = H**

**Spotting = S**