

# The Center for Women

## Obstetrics & Gynecology

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### Menstrual Record Chart

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

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

Phone #: \_\_\_\_\_

Year: \_\_\_\_\_

# - Number of days from start of period to beginning of next

√ - Breast Exam Done

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	#	√			
Jan																																				
Feb																																				
Mar																																				
Apr																																				
May																																				
Jun																																				
Jul																																				
Aug																																				
Sep																																				
Oct																																				
Nov																																				
Dec																																				

Use these symbols to note type of flow during your cycle:

- Normal Flow – X
- Exceptionally Light Flow – O
- Exceptionally Heavy Flow – ■
- Spotting Only - S

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

Doctor's Name: \_\_\_\_\_