El Camino Women's Medical Group
Obstetrics & Gynecology

MENSTRUAL CALENDAR

Name _____   **Year** _____

	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M
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Key

(B)   Bleeding Pattern

■   Exceptionally Heavy Flow

X   Normal Flow

L   Exceptionally Light Flow

●   Spotting

(M)   Medication

(P)   Progesterone

(E)   Estrogen

(O)   Other Specify:

_____

_____

Instructions: Using the symbols to the right, track your daily menstrual flow. If no flow, please leave block empty.

If you have any of the following, please call for an appointment:
- a) Bleeding after reaching menopause, if you are not using hormones
- b) Frequent periods (less than 21 days from the start of one period to the start of the next)
- c) Spotting or bleeding between periods
- d) Bleeding from the vagina after intercourse

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