



**Women's Health Alliance, PA pka
Centre Ob/Gyn**

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Menstrual Flow Chart

Patient: _____

YEAR: _____

	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 from start of period to beginning of next	Brest Exam done <input checked="" type="checkbox"/>			
Jan																																				
Feb																																				
Mar																																				
Apr																																				
May																																				
Jun																																				
July																																				
Aug																																				
Sep																																				
Oct																																				
Nov																																				
Dec																																				

Don't forget to bring this chart with you when you to your appointments.

Type of Flow
Normal N
Light L
Heavy H
Spotting S