

Menstrual Record Chart

Name of patient: _____

Medication Name: _____

Month	Comments	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						
	Med taken																																					
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Notes: Bleeding: No bleeding leave box blank. Spotting = dot in box, light = / in box, moderate = //, heavy = ///
 Comments eg pain 0 (none) to 10 (severe)
 Med taken: If you have to take it three times a day, then make three ticks, if twice then 2 ticks etc