## Menstrual and Fertility Update - At a Glance

Patient Name:	e:								
Describe your current me for each of the questions:	Describe your current menstrual cycle for each of the questions:	Cycle # 1	Cycle # 2	Cycle # 3	Cycle # 4	Cycle # 5	Cycle # 6	Cycle #7	Cycle #8
# of days in your Menstrual Cycle	Aenstrual Cycle								
What cycle day did you ovulate?	d you ovulate?								
Number of days	Before Ovulation								
above 98°	After Ovulation								
Number of days	Before Ovulation								
below 97°	After Ovulation								
Did you have abur cervical mucus?	Did you have abundant, stretchy, clear cervical mucus?	□ Yes □ No							
- If not wha	- If not what did you have?								
Did you experience spotting or cramping at ovulation?	e spotting or ion?	□ Yes □ No	□Yes □No						
What symptoms of PMS did you experience?	f PMS did you								
Did you have clott Dime? Nickel? Qu	Did you have clotting? Size of clots - Dime? Nickel? Quarter?								
Did you have menstrual pain?	strual pain?								
How many days did you bleed?	d you bleed?								
Did you have spotting prior to cycle day one?	ting prior to cycle								
How long would it take for you to soak a tampon/pad?	take for you to?								

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Doctor's Notes: