


# MATURE WOMEN'S CENTRE MENSTRUAL CALENDAR


Name \_\_\_\_\_ Year \_\_\_\_\_


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### Key

**(B) Bleeding Pattern**


 Exceptionally Heavy Flow

 Normal Flow

 Exceptionally Light Flow

 Spotting

**(M) Medication**

 Progesterone

 Estrogen

 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 inform your healthcare provider:

- Bleeding after reaching menopause, if you are not using hormones
- Periods that are heavier than usual.
- Periods lasting longer than 7 days or 2 days longer than usual
- Frequent periods (less than 21 days from the start of one period to the start of the next)
- Spotting or bleeding between periods
- Bleeding from the vagina after intercourse

**Phone # 477-3505**