

# Women's Health Center of Southern Oregon, P.C.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

This calendar is for the month of: \_\_\_\_\_ Year: \_\_\_\_\_

Cycle Day	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	32	33	34	35		
Date																																					
Bleeding																																					
Weight																																					
Symptoms:																																					
Acne																																					
Bloating																																					
Breast Pain																																					
Dizziness																																					
Fatigue																																					
Headache																																					
Hot Flashes																																					
Nausea																																					
Diarrhea																																					
Constipation																																					
Palpitations																																					
Swelling																																					
Anger																																					
Anxiety																																					
Confusion																																					
Crying easily																																					
Depression																																					
Food Craving																																					
Forgetfulness																																					
Irritability																																					
Increased appetite																																					
Mood swings																																					
Overly Sensitive																																					
Want to be alone																																					
Other Symptoms																																					
Medications																																					