THE EINHAUS GROUP FOR WOMEN`S HEALTH
Obstetrics & Gynecology
10215 Auburn Park Drive
FORT WAYNE IN 46825
(260) 490-2229

MENSTRUAL BLEEDING CALENDAR

PATIENT NAME: ~First Name~ ~Middle Name~ ~Last Name~

DOB: ~Date of Birth~

Using an `**X**` please mark all of the dates each month on which you experience any bleeding. Bring the card on your next office visit, or have it handy when you call the doctor. If you have any spotting between menses, mark with an `**S**`.

Year	Month	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
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