



Name _____ Woman's Age _____ Phone _____ Couple No. _____
 Date _____ Cycle No. _____ Length _____ Previous Variation _____
 Intent: _____ Conceive _____ Special Circumstances: _____ Post-partum non-lactating
 _____ Postpone _____ Pre-menopause _____ Lactating-Total
 Temp. time: _____ Post-pill _____ Lactating-Partial
 Method: _____ Other _____ Delivery Date _____

FERTILITY SIGNS

Mucus:

Mental Sensation

D--Dry

W--Wet

(W)--Peak

Discharge

Menses:

■ Full flow

▣ Slight flow

● Spotting

Ovulatory Signs:

B--Breast Sensitivity

S--Spotting

P--Mittelschmerz

(Right, Left Pain)

V--Swollen Vulva

Cervix:

● Closed

+ Open, Hi, Soft

Wet, show degree

+, ++, +++

Intercourse ✓

DATE																																																		
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	36	37	38	39	40										
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Notes
