

Next Appointment/Reason

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Circle the first day of your menstrual period each month.

Year: _____

Jan. 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

Feb. 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

Mar. 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

Apr. 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

May 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

Jun. 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

Jul. 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

Aug. 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

Sep. 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

Oct. 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

Nov. 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

Dec. 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

Date of Immunizations:

Tetanus _____

MMR _____

Rubella _____

HEPB _____

Depo-Provera Warning Signs

- Repeated, very painful headaches
- Heavy bleeding
- Depression
- Severe, low stomach pain
- Pus, long-lasting pain or bleeding at the site of the shot

Oral Contraception (Pills)

Warning Signs

- Stomach pain (severe)
- Chest pain (severe, cough, shortness of breath, sharp pain when you breathe in)
- Headache (severe, dizziness, weakness or numbness, especially if on one side)
- Eye problems (vision loss or blurring), speech problems
- Severe leg pain (calf or thigh)

Emergency Contraception

If your birth control fails, or

You have **sex without using birth control** and do not want to get pregnant:

Call the family planning clinic as soon as possible.

- Ask about: Emergency contraception.
- It can **reduce the risk of pregnancy** when you take it within 120 hours (5 days)

If the clinic is closed, call 1-888-Not-2-Late (1-888-668-2528).

Women's Health Clinic

(Agency Stamp)

For Appointments Call:

Weekends or Emergencies, Call:

Name: _____

Medical Record # _____

DHHS 1403 (Revised 1/06)
Family Planning and Reproductive Health Unit (Review 10/07)