

**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 # \_\_\_\_\_