

Cycle Tacking Form

Name: _____

Phone: _____

Email: _____

Home State: _____

Possible Start Date of Services: _____ (mo/day/year)

1st Month:

Cycle Day 1 _____ (mo/day/year)

Number of days of flow/spotting: _____

OPK testing start date: _____ (mo/day/year)

+OPK date _____ (mo/day/year) Cycle

length: _____

2nd Month:

Cycle Day 1 _____ (mo/day/year)

Number of days of flow/spotting: _____

OPK testing start date: _____ (mo/day/year)

+OPK date _____ (mo/day/year) Cycle

length: _____

3rd Month:

Cycle Day 1 _____ (mo/day/year)

Number of days of flow/spotting: _____

OPK testing start date: _____ (mo/day/year)

+OPK date _____ (mo/day/year) Cycle

length: _____

KEY:

Cycle Day 1= the 1st day of full flow of your period

(mo/day/year)= Month, Day and Year of specific timed item

OPK= Ovulation Predictor Kit

+OPK= indicates a positive ovulation predictor kit test stick

Cycle Length: from a CD1 to the next CD1, so includes days of flow and no flow

TIP:

Use and ovulation predictor kit that has a “smiley face” as the result. These test are easy to interpret.

Begin testing the day after your period in cases where you do not know when you ovulate. This may require buying 2 test kits per month depending on when you ovulate.

Disclaimer: This form is not intended for any medical treatment/advice or given by a medical professional. It is intended to serve as a tool for tracking your cycle information.

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