



Post coital bleeding

Bleeding after sexual intercourse
(PLEASE REPORT THIS
IMMEDIATELY)

Symptom Diary and reporting form (please save onto your device to enable completion and saving of the diary)

Please monitor for the symptoms in each category and select the frequency of occurrence

Other changes in Uterine bleeding menstruation		Frequency of occurrence
PC1	Menorrhagia	
PC2	Metrorrhagia	
PC3	Postmenopausal bleeding	
PC4	Dysmenorrhea	

Pain & its location		Frequency of occurrence
PC5	Bodily pain	
PC6	Pelvic pain	
PC7	Lower abdominal tenderness	
PC8	Tenderness when rotating hips	
PC9	Acute pain (back or abdomen)	
PC10	Pain when urinating	
PC11	Pain during sex	

Energy and mobility		Frequency of occurrence
PC12	Fatigue	
PC13	Weakness	

Dietary		Frequency of occurrence
PC14	Nausea	
PC15	Vomiting	
PC16	Weight loss	
PC17	Irritable bowel syndrome	
PC18	Abdominal distention	
PC19	Constipation	
PC20	Diarrhea	
PC21	Urinary incontinence	
PC22	Change in urinary frequency	

Other		Frequency of occurrence
PC23	Dry mouth	
PC24	Leg swelling	
PC25	High temperature	

Sensitive topics		Has it happened?
PC26	Malodorous vaginal discharge	
PC27	White, yellow or green vaginal discharge	

Other conditions		Have you been diagnosed with?
PC28	Heart disease	
PC29	Diabetes	

To obtain an Ob/Gyn nurse assessment and recommendation of next steps, please insert your patient code in the box below before sending to us.

Please type in your patient code below

If you do not have a patient code used to keep your identity totally confidential, please register at the link below:

Get your patient code

How to send us your form

Whatsapp: 00 34 6 24 75 19 61

Email: info@naijfem.com

Online: Please submit your form here

If you would like an Ob/Gyn Nurse assessment

The diary assessment costs 1,500 Naira

Payment should made using Revolut, through our Revtag: @mirare_tj_96w3

Please indicate your patient code in the payment advice so we can track and confirm its reception

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