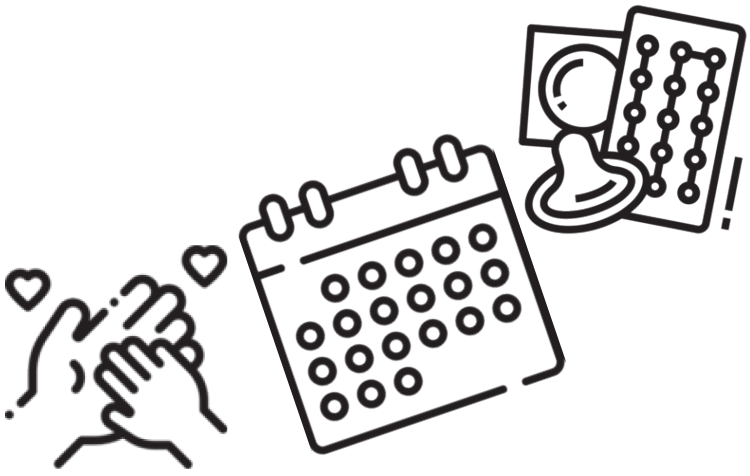
Bring me to each consultation!

MY FAMILY PLANNING JOURNEY BOOK



Getting started

We recommend to fill in your Profile and History pages with the help of your Healthcare Provider.

How to use your journey book ?

This book is for you to keep at home, and record your Family Planning journey : your pregnancies, births, miscarriages, abortions, contraception methods, side effects*, but also your emotions through all these events!

This information will be helpful for your Healthcare provider to understand what you are going through and advise you better. If you are experiencing contraceptive side effects, your Healthcare provider can, for example, advise you to switch contraception, to find the method THAT WORKS FOR YOU.

This journey book is also a way for you to understand your body better through all the stages of your reproductive life. There is no right or wrong way to use this book: write down what you feel on the timeline, and do not forget to bring it with you for each consultation with your doctor.

** common side effects include : nausea, headaches, mood changes, spotting, fatigue, weight gain, missed period.*

My Profile

PERSONAL INFORMATION

Name	Contact

Address

EMERGENCY CONTACT PERSON

Name	Contact

My Medical History

MEDICAL CLINIC INFORMATION

My Healthcare practitioner : name and contact

My Health facility : name and address

MEDICAL CONDITIONS

Health conditions and treatments	Start - End dates

Medical procedures and dates	Allergies (drug / dietary)

My Reproductive History

CHILDBIRTH HISTORY

Type of child birth			Year of birth	Other important details
1.	☐ Natural	☐ C-Section		
2.	☐ Natural	☐ C-Section		
3.	☐ Natural	☐ C-Section		
4.	☐ Natural	☐ C-Section		
5.	☐ Natural	☐ C-Section		

Do you plan on having more children? ☐ Yes ☐ No

OTHER PREGNANCIES

Type and number	Year(s)	Other important details
☐ Miscarriage(s)		
☐ Abortion(s)		

My Contraceptive History

CONTRACEPTION METHODS YOU HAVE USED

Type of contraceptive	Start - End dates (MM/YY)	Type of contraceptive	Start - End dates (MM/YY)
☐ Condoms		☐ Pills	
List any side effect		List any side effect	
Type of contraceptive	Start - End dates (MM/YY)	Type of contraceptive	Start - End dates (MM/YY)
☐ Injectibles		☐ IUD	
List any side effect		List any side effect	

Other contraception method	Start - End dates	List any side effect

Example on how to fill your journey - patient

Jan | Feb | Mar | Apr | Jun | Jul

My Reproductive journey

Record pregnancies and births

Record consultations and interventions

My Emotions

Record changes in mood, well-being, and feelings

My Contraceptive journey

Record contraception methods and physical side effects

Record consultations and interventions

YEAR : _____

Jan Feb Mar Apr Jun Jul

My Reproductive journey

Record pregnancies and births

Record consultations and interventions

My Emotions

Record changes in mood, well-being, and feelings

My Contraceptive journey

Record contraception methods and physical side effects

Record consultations and interventions

Aug Sep Oct Nov Dec Jul

My Reproductive journey

Record pregnancies and births

Record consultations and interventions

My Emotions

Record changes in mood, well-being, and feelings

My Contraceptive journey

Record contraception methods and physical side effects

Record consultations and interventions

For your Healthcare provider to fill during consultations

Date (DD/MM/YY) | Name & contact of HCW

Purpose of visit and / or symptoms | Recommendations and / or prescription for patient

To do until next consultation | Next consultation date

Date (DD/MM/YY) | Name & contact of HCW

Purpose of visit and / or symptoms | Recommendations and / or prescription for patient

To do until next consultation | Next consultation date

Date (DD/MM/YY) | Name & contact of HCW

Purpose of visit and / or symptoms | Recommendations and / or prescription for patient

To do until next consultation | Next consultation date

My Family Planning Consultations

For your Healthcare provider to fill during consultations

Date (DD/MM/YY) | Name & contact of HCW

Purpose of visit and / or symptoms | Recommendations and / or prescription for patient

To do until next consultation | Next consultation date

Date (DD/MM/YY) | Name & contact of HCW

Purpose of visit and / or symptoms | Recommendations and / or prescription for patient

To do until next consultation | Next consultation date

Date (DD/MM/YY) | Name & contact of HCW

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