## **OBSERVATIONAL REVIEW**

## and

## REPRODUCTIVE CATEGORY SPECIFIC CYCLE REVIEW RECORDING SHEET

CLIENT ID#: CC: SCORE - OR: CR  REPRODUCTIVE CATEGORY:	
☐ Yellow Stamps - Breastfeeding: ☐ Yellow Stamps - R  OBSERVATIONAL REVIEW INSTRUCTIONS: Read each of the ten statements carefully as answer, either True (T) or False (F), in the specific process.	· Infertility
answer, either True (T) or False (F), in the s	Regular Cycles
	nd then place th pace below.
123456789	10
DAY OF FERTILITY (F) TYPE OF OF INTERCOURSE?  OF INFERTILITY (I) STAMP  TO ACHIEVE PREGNANCY  TO AVOID PREGNANCY  TIME	that day, and, or intercourse.
A.	
В.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	

2 points deducted for each incorrect answer (2.8 for infertility clients)