

LunarWise Doctor Visit Prep Report

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This report summarizes patterns from your self-logged symptoms, moods, cycle data, and related health entries in LunarWise. It is designed to help you prepare for a doctor's visit and support a licensed clinician's evaluation with a clearer record of what you've been experiencing over time. LunarWise does not provide a medical diagnosis or treatment recommendation, and this report should be interpreted by a qualified clinician together with your medical history, exam, and any testing.

===TALKING POINTS===

1. Lead with: You have a higher-confidence pattern of moderate to severe pelvic pain with cramping and back radiation during your menstrual and late luteal phases, documented across multiple cycles and linked with mood volatility and functional impact.
2. Your opener: "I've tracked recurring pelvic pain and mood changes around my period that affect my daily life, and I'd like to focus on understanding these patterns today."
3. If it gets dismissed: "I understand this might be complex, but could we please document my reported symptoms and discuss what signs or tests would make this worth further evaluation in the future?"

===END TALKING POINTS===

Report title: LunarWise Doctor Visit Prep Report

Executive summary:

You have consistently logged moderate to severe pelvic pain with cramping and back pain radiating during menstrual days and the late luteal phase, accompanied by mood swings, irritability, and decreased social engagement. These symptoms have impacted daily activities such as exercise and work. Blood work from late 2025 shows normal hematologic and immune markers. Your symptom timing and pattern suggest a possible hormone-linked sensitivity window worth clinical discussion.

Observed pattern clusters:

- Higher-Confidence Pattern: Moderate to severe pelvic pain with cramping and burning sensations radiating to the back during menstrual days (cycle days 1-3), and late luteal days (around cycle days 24-28).
- Higher-Confidence Pattern: Mood volatility including irritability, restlessness, and low social battery clustered in the late luteal phase and menstruation.
- Moderate Signal: Fatigue, poor sleep, and bloating often accompany pain and mood symptoms in the late luteal and menstrual periods.
- Emerging Signal: Tinnitus and neck/shoulder pain are frequently reported but show less clear cycle phase clustering.

Hormonal and cycle context:

Your symptom clusters align with the menstrual and late luteal phases, periods of hormonal fluctuation where progesterone and estrogen levels decline. This timing is consistent with a recurrent late-luteal sensitivity window, which may influence pain perception, mood regulation, and energy levels. These patterns merit discussion regarding hormonal influences and symptom management strategies.

Lab context:

Collection Date: 2025-09-30

Cycle Day at Collection: Not available

Cycle Phase at Collection: Could not be determined from available information

Lab results showed normal values for WBC, RBC, hemoglobin, hematocrit, platelet count, and differential counts. These stable hematologic markers may provide useful baseline context for your symptoms.

Treatment timeline:

No treatment events were logged in the available data.

Evidence table:

2026-07-02 to 2026-07-04 | Cycle Days 1~~3~~³ / Menstrual Phase | Symptom Logs | Moderate pelvic pain with cramping, back pain radiating, mood swings, irritability | Higher-Confidence Pattern

2026-06-24 to 2026-06-30 | Cycle Days 24~~28~~²⁸ / Late Luteal Phase | Symptom Logs | Mild to moderate pelvic pain, mood volatility, fatigue, poor sleep | Higher-Confidence Pattern

2026-05-19 to 2026-05-24 | Cycle Days 19~~24~~²⁴ / Late Luteal Phase | Symptom Logs | Fatigue, brain fog, mood swings, poor sleep | Moderate Signal

2025-09-30 | Undetermined | Lab Results | Normal hematologic and immune markers | Baseline Context

Clinical discussion points:

1. What diagnostic approaches or tests would you consider appropriate to further evaluate the recurrent pelvic pain and mood symptoms clustered around menstruation?
2. How might hormonal fluctuations during the late luteal and menstrual phases be assessed or addressed in relation to these symptoms?
3. Are there recommended strategies or referrals for managing pelvic pain with radiating back pain and associated mood changes impacting daily function?

Data sufficiency:

The data includes multiple cycles of symptom tracking with consistent timing patterns, supporting a higher-confidence pattern for pelvic pain and mood changes. It also provides stable baseline blood markers but lacks hormone-specific testing or cycle phase context at collection. Additional hormone labs or imaging may be considered if clinically indicated.

Disclaimer:

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