BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	Caiqun	Issac
Age	32	30
Address		
Mobile No.	96321790	
Email	bluvr85@hotmail.com	jiashou.wang@gmail.com
Race / Religion		
Nationality		
Occupation	Admin Executive	Technical Sales Engineer
Number of hours worked / day	8.5 hrs	8hrs
Relaxation Time hours / day	2 hrs	2hrs
We have been married for	years 10 months	
We have been trying for	years 2 months	
How often do you have sexual intercourse per week?	2-3 times	

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Wife

Physical details		
Height	165 m	
Weight	52.5 kg	
BMI = (Weight) / (Height)^2	19.2	
Blood Pressure	mmHg	
Pulse	bpm	
Drug allergies	☐ Not known	☑ Yes
- If yes, what type of allergy and reaction?	NSAIDs	
Pregnancy history		
Number of previous abortions	—	
Number of previous miscarriages	—	
Number of previous full-term pregnancies	—	
Menstruation		
Age of first menstruation	14.5 years old	
Is your menstruation regular?	☐ No	☑ Yes
Cycle length	Flowing for 5-6 days	
	for every 32 days	
Are your menstruations painful?	☐ No	☑ Mild
	☐ Moderate	☐ Severe
Do you have heavy menstruation (soaked pad change hourly)?	☑ No	☐ Yes
Which day of your cycle is it the heaviest?	1-2 day	
Do you have any bleeding between periods?	☑ No	☐ Yes
Do you miss your period regularly?	☑ No	☐ Yes
Sexual intercourse		
Do you experience pain during intercourse?	☑ No	☐ Yes

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Existing medical conditions		
Do you suffer from thyroid problems?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you suffer from diabetes?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you suffer from high blood pressure?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you suffer from high cholesterol?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you suffer from anxiety?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you suffer from insomnia?	☐ No	☐ Yes
- Are you handling it with treatment?	☐ No	☐ Yes
Do you have endometriosis? Not sure	☐ No	☐ Yes
Do you have polycystic ovary syndrome (PCOS)? Not sure	☐ No	☐ Yes
Do you have fibroids? Not sure	☐ No	☐ Yes
Have you had any gynaecological surgery in the past?	☐ No	☐ Yes
Have you had any abdominal surgery in the past?	☐ No	☐ Yes
- If yes, what type of surgery?	☐ No	☐ Yes
Have you had any sexually transmitted infections?	☐ No	☐ Yes
- If yes, has it been treated?	☐ No	☐ Yes
Is your last PAP smear done within a year?	☐ No	☐ Yes
Lineage		
Is there any history of autoimmune diseases in the family?	☐ No	☐ Yes
Do you have any hereditary issues that might affect fertility?	☐ No	☐ Yes

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Lifestyle		
Do you exercise daily?	30 mins of exercise / day	
Do you consume a healthy balanced diet?	☐ No	☑ Yes
Do you smoke?	– sticks / day	
Do you consume alcohol?	– glasses of wine / day	
Do you consume caffeine?	– cups / day	
Do you consume supplements?	☑ No	☐ Yes
Have you recently experienced sudden weight change?	☑ No	☐ Yes
- If yes, how much gain or loss within 1 month?	kg	
Wastes	regular but not on daily basis	
Do you clear your bowels regularly on a daily basis?	☑ No	☐ Yes
- If no, are you frequently constipated?	☑ No	☐ Yes
- If no, do you have diarrhoea frequently?	☑ No	☐ Yes