



BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	Poh Choo	Zenden
Age	35	36
Address	Blk 635 B Senja Rd #16-269 S(672635)	"
Mobile No.	936 98378984	9139887
Email	limpohchoo82@hotmail.com	ethanloh@hotmail.com
Race / Religion	Chinese / Buddhist	Chinese / Free Thinker
Nationality	SG	SG
Occupation	Admin Executive	Civil Servant
Number of hours worked / day	8	8
Relaxation Time hours / day	3	3
We have been married for	6 years	months
We have been trying for	5 years	months
How often do you have sexual intercourse per week?	times	1 per mth

2 years back —



Wife

Physical details		
Height	1.55 m	
Weight	55 kg 31.80	
BMI = (Weight) / (Height) ²	21.8	
Blood Pressure	130/95 mmHg	
Pulse	65 bpm	
Drug allergies	<input type="checkbox"/> Not known	<input checked="" type="checkbox"/> Yes
- If yes, what type of allergy and reaction?	Panadol, rashes	
Pregnancy history		
Number of previous abortions	0	
Number of previous miscarriages	0	
Number of previous full-term pregnancies	0	
Menstruation		
Age of first menstruation	14 years old	
Is your menstruation regular?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Cycle length	Flowing for 7 days	
	for every 28 days	
Are your menstruations painful?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Mild
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Do you have heavy menstruation (soaked pad change hourly)?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Which day of your cycle is it the heaviest?	2nd day	
Do you have any bleeding between periods?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you miss your period regularly?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Sexual intercourse		
Do you experience pain during intercourse?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes



Have you had mumps before?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have any lumps in your testicular area?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any injury to the testicles in the past?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any operation done to the testicles in the past?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Have you any semen analysis done in the past?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Have you had any urological surgery in the past?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any abdominal surgery in the past?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, what type of surgery?		
Have you had any sexually transmitted infections?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, has it been treated?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Lineage		
Is there any history of autoimmune diseases in the family?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have any hereditary issues that might affect fertility?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lifestyle		
Do you exercise daily?	30 mins of exercise / day	
Do you consume a healthy balanced diet?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Do you smoke?	0 sticks / day	
Do you consume alcohol?	0 glasses of wine / day	
Do you consume caffeine?	1 cups / day	
Do you consume supplements?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Sudden weight change	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, how much gain or loss within 1 month?	kg	
Wastes		
Do you clear your bowels regularly on a daily basis?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
- If no, are you frequently constipated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If no, do you have diarrhoea frequently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes