



BENATURAL
FERTILITY WELLNESS

REGISTRATION FORM

DATE: 05 MAR '17 TIME: _____

PROFILE	WIFE	HUSBAND
NAME:	ORSON MICHELLE	PLANAS MICHAEL
AGE:	33	35
MOBILE NO.:	9750 3674	9337 1407
EMAIL:	MIKMIL6@yahoo.com	mik.planas@gmail.com
RACE/RELIGION:	Filipino ↓ Christian	Filipino ↓ Christian
NATIONALITY:		
OCCUPATION:	IT Specialist	IT Specialist

Year of ~~marriage~~ marriage: 4 yr(s) 6 mth(s)

Are you actively trying for a baby? Yes / No
(Circle where applicable)

Will you be interested in attending our future workshops on fertility-related topics? Yes / No
(Circle where applicable)

LIFESTYLE	WIFE			HUSBAND		
Answer the following:	YES	NO	Specify detail(s):	YES	NO	Specify detail(s):
1. Are you overweight?	/				/	
2. Are you underweight?		/			/	
3. Do you drink caffeine? If so, how many cups a week?	/		Not too much	/		≈ 18 cups
4. Do you smoke? If so, how many sticks a day?		/			/	
5. Are you taking any supplements?	/				/	
6. Are you on any medication? Painkillers, anti-inflammatories, steroids, blood pressure pills, antibiotics?		/			/	

WORK & STRESS	WIFE	HUSBAND
Consider:	Hours per Day	Hours per Day
Working Time:	8~10 hrs	8~10 hrs
Relaxation Time:	2~3 hrs	2~3 hrs