



**BENATURAL**  
FERTILITY WELLNESS

## REGISTRATION FORM

DATE: 05 MAR 2019 TIME: \_\_\_\_\_

PROFILE	WIFE	HUSBAND
NAME:	Joan Yang	Chze Wee Meng
AGE:	32	34
MOBILE NO.:	9835 2983	9784 3364
EMAIL:	castiny-juan23@yando.com.sg	
RACE/RELIGION:	Chinese	Chinese
NATIONALITY:	Singaporean	Singaporean
OCCUPATION:	Engineer	Barber

Year of ~~current~~ marriage: 5 yr(s) \_\_\_\_\_ 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?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Are you underweight?	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
3. Do you drink caffeine? If so, how many cups a week?	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
4. Do you smoke? If so, how many sticks a day?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Are you taking any supplements?	<input checked="" type="checkbox"/>		Multivitamins	<input checked="" type="checkbox"/>		Multivitamins
6. Are you on any medication? Painkillers, anti-inflammatories, steroids, blood pressure pills, antibiotics?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

WORK & STRESS	WIFE	HUSBAND
Consider:	Hours per Day	Hours per Day
Working Time:	<u>12</u>	<u>12</u>
Relaxation Time:	<u>0.5</u>	<u>1</u>