



BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

26/8/19

Basic Information

	Wife	Husband
Name	Adeline Wree →	Khoo Shene Yuan
Age	38+ →	41
Address	1D, Cantonment Rd #08-01 5085401 →	Same
Mobile No.	96637215	96552779
Email	nusade1511@hotmail.com	sykhoo@hotmail.com
Race / Religion	Chinese / Buddhist	same
Nationality	S'pore	S'pore
Occupation	IT Executive	Property Agent
Number of hours worked / day	8	8
Relaxation Time hours / day	1.5	2
We have been married for	7 years 5 months	
We have been trying for	3 years months	
How often do you have sexual intercourse per week?	times	During fertile period 3 times



Wife

Physical details		
Height	1.58 m	
Weight	53 kg	
BMI = (Weight) / (Height) ²	21	
Blood Pressure	mmHg	
Pulse	bpm	
Drug allergies	<input type="checkbox"/> Not known	<input type="checkbox"/> Yes
- If yes, what type of allergy and reaction?		
Pregnancy history		
Number of previous abortions		
Number of previous miscarriages	1	
Number of previous full-term pregnancies	1	
Menstruation		
Age of first menstruation	12 years old	
Is your menstruation regular?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Cycle length	Flowing for 28 29 days 6	
	for every 28/29 days	
Are your menstruations painful?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Mild
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
	Bleated / cramps	
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?	day 2	
Do you have any bleeding between periods?	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes