BENATURAL
FERTILITY WELLNESS

✓ 26/8

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	LYNN ZHANG	ANTONIO LYE
Age	35	41
Address	BIK 549 JURONG WEST ST 42 S(541549)	← SAME
Mobile No.	8318 0060	98622213
Email	yiling102782@gmail.com	lynn antonio.lye@gmail.com
Race / Religion	Chinese / Buddhist	Chinese
Nationality	S'porean	S'porean
Occupation	Accountant	Interior Designer
Number of hours worked / day	7	8
Relaxation Time hours / day	4	3
We have been married for	2 years 9 months	
We have been trying for	2 years months	
How often do you have sexual intercourse per ~~week~~ month?	2 times	

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Husband

Physical details		
Height	179. m	
Weight 78	~~78~~ kg	
BMI = (Weight) / (Height)^2		
Blood Pressure	156/103 mmHg	156/103
Pulse rate	74 bpm	
Drug allergies	☐ Not known	☐ Yes
- If yes, what type of allergy and reaction?		
Sexual intercourse		
Do you have problems with getting or maintaining an erection?	☐ No	☐ Yes
Do you have problems with ejaculation?	☐ No	☐ Yes
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

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Have you had mumps before?	☐ No	☐ Yes
Do you have any lumps in your testicular area?	☐ No	☐ Yes
Have you had any injury to the testicles in the past?	☐ No	☐ Yes
Have you had any operation done to the testicles in the past?	☐ No	☐ Yes
Have you any semen analysis done in the past?	☐ No	☐ Yes
Have you had any urological surgery in the past?	☐ No	☐ Yes
Have you had any abdominal surgery in the past?	☐ No	☐ Yes
- If yes, what type of surgery?		
Have you had any sexually transmitted infections?	☐ No	☐ Yes
- If yes, has it been treated?	☐ 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
Lifestyle		
Do you exercise daily? 3X 5hrs	mins of exercise / day week	
Do you consume a healthy balanced diet? 1x 2x	☐ No	☐ Yes
Do you smoke?	10 sticks / day	
Do you consume alcohol?	5 glasses of wine / month	
Do you consume caffeine?	NO cups / day	
Do you consume supplements?	☐ No	☐ Yes
Sudden weight change	☐ No	☐ Yes
- If yes, how much gain or loss within 1 month?	kg	
Wastes		
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