BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	Hee Ming Min	Alvin Teo
Age	28	28
Address	Blk 805C Keat Hong Close #11-62	←
Mobile No.	9329 2659	93269376
Email	alvin.mingmin@gmail.com	←
Race / Religion	Chinese	Chinese
Nationality	Singaporean	Singaporean
Occupation	Teacher	Self Employed
Number of hours worked / day	9-10	9-12
Relaxation Time hours / day	14	12
We have been married for	0 years 10 months	
We have been trying for	years months	
How often do you have sexual intercourse per week?	1 times	

76.5
BMI 77
BMI-28
117/73
69

BENATURAL
FERTILITY WELLNESS

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
Do you have endometriosis?	☑ No	☐ Yes
Do you have polycystic ovary syndrome (PCOS)?	☑ No	☐ Yes
Do you have fibroids?	☑ No	☐ Yes
Have you had any gynaecological surgery in the past?	☑ No	☐ Yes
Have you had any abdominal surgery in the past?	☑ No	☐ Yes
- If yes, what type of surgery?	☐ No	☐ Yes
Have you had any sexually transmitted infections?	☑ No	☐ Yes
- If yes, has it been treated?	☐ No	☐ Yes
Is your last PAP smear done within a year?	☑ 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

BENATURAL
FERTILITY WELLNESS

Lifestyle		
Do you exercise daily?	mins of exercise / day	
Do you consume a healthy balanced diet?	☑ No	☐ Yes
Do you smoke?	sticks / day	
Do you consume alcohol?	glasses of wine / day	
Do you consume caffeine?	cups / day	
Do you consume supplements?	☐ No	☐ Yes
Have you recently experienced 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