BENATURAL
FERTILITY WELLNESS

✓ Saturday
pm
26/5/17

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	Genaliza Hernandez	Gayle Hernandez
Age	39	39
Address	Blk 508 Woodlands Dr. 14, 08-102 (S) 730508	Blk 508 Woodlands Dr. 14, 08-102 (S) 730508
Mobile No.	9782 8650	9643 2500
Email	genaliza_kim@yahoo.com	imgaylair@gmail.com
Race / Religion	Catholic	Catholic
Nationality	Filipino	Filipino
Occupation	Medical Technologist	Civil Engineer
Number of hours worked / day	7.5 hrs	9.5
Relaxation Time hours / day	5	4
We have been married for	7 years 2 months	
We have been trying for	5 years months	
How often do you have sexual intercourse per week?	1~2 times	

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Husband

Physical details		
Height	1.56 m	
Weight	82 kg	
BMI = (Weight) / (Height)^2	33.74	
Blood Pressure	134/94 mmHg	
Pulse rate	130 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? 3 years w/ medication	☐ 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? last medication intake	☐ 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? 4 years ago	☐ 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 ? undescended testes (secondary)
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?	X mins of exercise / day	
Do you consume a healthy balanced diet? X	☐ No	☐ Yes
Do you smoke? No	sticks / day	
Do you consume alcohol? No	glasses of wine / day	
Do you consume caffeine?	1 cups / ~~day~~ every other day	
Do you consume supplements?	☐ No	☐ Yes
Sudden weight change	☐ No	☐ Yes
- If yes, how much gain or loss within 1 month?	2 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

con uric acid intake