BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

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Basic Information

	Wife	Husband
Name	Helen Miao	Ray Phay
Age	45	34
Address	BTK 22 St. George's Rd, #12-184 S(321022)	Same as left
Mobile No.	97367287	9129 2435
Email	helenmyf@gmail.com	genziws@hotmail.com
Race / Religion	Chinese / Christian	Chinese / Christian
Nationality	M'sian / SPR	Spore
Occupation	HR Director	Recruiter
Number of hours worked / day	9 - 10 hours	8 hours
Relaxation Time hours / day	4 hours	6 hours
We have been married for	5 years 4 months	
We have been trying for	5 years months	
How often do you have sexual intercourse per week?	2 - 3 times	

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Wife

Physical details		
Height	1.65 m 164	
Weight	50 kg 48.95	
BMI = (Weight) / (Height)^2 18		
Blood Pressure 106/74	mmHg	
Pulse 72	bpm	
Drug allergies	☒ Not known	☐ Yes
- If yes, what type of allergy and reaction?		
Pregnancy history		
Number of previous abortions	-	
Number of previous miscarriages	-	
Number of previous full-term pregnancies	-	
Menstruation		
Age of first menstruation	12 years old	
Is your menstruation regular?	☐ No	☒ Yes
Cycle length	Flowing for 6-7 days	
	for every 23-25 days cycle	
Are your menstruations painful?	☒ No	☐ Mild
	☐ Moderate	☐ Severe
Do you have heavy menstruation (soaked pad change hourly)?	☒ No	☐ Yes
Which day of your cycle is it the heaviest?	~~☒~~ day 2	1-02 no blood clots
Do you have any bleeding between periods?	☒ No	☐ Yes
Do you miss your period regularly?	☒ No	☐ Yes
Sexual intercourse		
Do you experience pain during intercourse?	☒ No	☐ Yes

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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

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Lifestyle		
Do you exercise daily? No	mins of exercise / day	
Do you consume a healthy balanced diet?	☐ No	☑ Yes
Do you smoke? No	sticks / day	
Do you consume alcohol? No	glasses of wine / day	
Do you consume caffeine?	< 1 cups / day	
Do you consume supplements? Vit. C) ant Vit. B) multivitam	☐ 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