BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Time in: 12:15 pm
Time out: ~~12~~ 1:20 pm

Basic Information

	Wife	Husband
Name	AMNI	AMIN
Age	29	30
Address	108C CABERRA WALK #08-25 S[753108]	[Same as wife]
Mobile No.	91175426	9022571
Email	amnisueb@gmail.com	Gminsogini84@gmail.com
Race / Religion	MALAY / ISLAM	JAVANESE / ISLAM
Nationality	SINGAPOREAN	SINGAPOREAN
Occupation	ASSISTANT EXECUTIVE	POLICE OFFICER
Number of hours worked / day	8 hrs.	8 hrs
Relaxation Time hours / day	1 hr	1 hr
We have been married for	~~4~~ 3 years 4 months	
We have been trying for	3 years 4 months	
How often do you have sexual intercourse per week?	2-3 times	

June 2018 IUI X 1 cycle

~~May~~ ~~2019~~

2019 - IVF X 1 cycle - ~~24~~ follicles - 1 ET

April 2 ~~FF~~ FET

May - ~~for~~ up check up

BE NATURAL
FERTILITY WELLNESS

Husband

Physical details		
Height 169	m	
Weight 61	kg	
BMI = (Weight) / (Height)^2		
Blood Pressure	mmHg	
Pulse rate	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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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? 6 hrs. 11pm	☐ 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 2016 + N
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