



BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Basic Information

	Wife	Husband
Name	Samantha Ong	SIM KING HUEI
Age	35	37
Address	1B Shelford Rd, #03-16 The Shelford S(288535)	"
Mobile No.	92430872	96967543
Email	sammster@hotmail.com	kingoos.s@hotmail.com
Race / Religion	Chinese / Christian	" / "
Nationality	Singaporean	"
Occupation	Lawyer	BUSINESSMAN
Number of hours worked / day	6-7h	8-9hr
Relaxation Time hours / day	1-2h	1hr
We have been married for	≈ 7 years months	
We have been trying for	≈ 5 years months	
How often do you have sexual intercourse per week?	3 times	



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Existing medical conditions		
Do you suffer from thyroid problems?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from diabetes?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from high blood pressure?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from high cholesterol?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from anxiety?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from insomnia?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have endometriosis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have polycystic ovary syndrome (PCOS)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have fibroids?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any gynaecological surgery in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any abdominal surgery in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, what type of surgery?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any sexually transmitted infections?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, has it been treated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is your last PAP smear done within a year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lineage		
Is there any history of autoimmune diseases in the family?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Do you have any hereditary issues that might affect fertility?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

Mother
- thyroid



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Husband

Physical details		
Height	1.69 m	
Weight	74.5 kg	
BMI = (Weight) / (Height) ²	26.1	
Blood Pressure	122/82 mmHg	
Pulse rate	66 bpm	
Drug allergies	<input checked="" type="checkbox"/> Not known	<input type="checkbox"/> Yes
- If yes, what type of allergy and reaction?		
Sexual intercourse		
Do you have problems with getting or maintaining an erection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have problems with ejaculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Existing medical conditions		
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- Are you handling it with treatment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Sometimes
20% of time
Sometimes
10% of time

35 years

7 years married

2 years after

2013 chemical pregnancy — natural pregnancy
@ 35 years

2013 — seen gynae
Hormonal blood test
— Clomid X 2 cycles

2018 → basic sperm test

2014 October ^{7 AM}

Testicular biopsy

NUH

182 in

→ Gonad - F

IVF (1st cycle)

— 8 eggs

— 4 fertilized embryos

Jan

Day 3 transfer — 1

July

→ FET — 2 Embryos

2015

Dec.

(2nd cycle)

NUH — different fertility

Gonad - F — 250 in

2X stimulation

— 8 eggs

— 1/2 Embryo Transfer

2 FET

Same remaining
cycles

TCM