



BENATURAL
FERTILITY WELLNESS

Couple's Fertility Awareness

Date: 04 May 2019

Time: 9 AM

Place: PS100 Building (meeting
pod)
level 6

Basic Information

	Wife	Husband
Name	Chan Lee Lee	Ivan Tan
Age	31	31
Address	<i>renting</i> Blk 190 Boon Lay #11-230 S(640190)	next year 2020 to the new place owned
Mobile No.	9191 6401	8874 5622 8820 4086
Email	leeleelonglong1010@hotmail.com	ivan.tan.koon.hoe@hotmail.com
Race / Religion	chinese	chinese
Nationality	Singaporean	Singaporean
Occupation	Nurse	Learning Facilitator / Teaching
Number of hours worked / day	8	8 (office hours)
Relaxation Time hours / day	1 1/2 - after work at home	1 hour - sometimes outside home
We have been married for	1 years 5 months	
We have been trying for	years 6 months	
How often do you have sexual intercourse per week?	0-2 times	



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Lifestyle		
Do you exercise daily?	mins of exercise / day	
Do you consume a healthy balanced diet?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you smoke?	sticks / day	
Do you consume alcohol?	glasses of wine / day	
Do you consume caffeine?	cups / day	
Do you consume supplements?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you recently experienced sudden weight change?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If yes, how much gain or loss within 1 month?	kg	
Wastes		
Do you clear your bowels regularly on a daily basis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If no, are you frequently constipated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- If no, do you have diarrhoea frequently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

9/5/201

8/10/2017



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Sperm Analysis

Husband

Physical details		
Height	5'10" - 53.80" 163	m
Weight		kg
BMI = (Weight) / (Height) ²		
Blood Pressure		mmHg
Pulse rate		bpm
Drug allergies	<input 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		
Do you suffer from thyroid problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from high blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from high cholesterol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from anxiety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you suffer from insomnia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
- Are you handling it with treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes



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Center for Wellness

Couple's Fertility Awareness

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