



BENATURAL
FERTILITY WELLNESS

REGISTRATION FORM

DATE: _____ TIME: _____

PROFILE	WIFE Husband	HUSBAND wife
NAME:	Jerome Lee	Angela Tan
AGE:	39	36
MOBILE NO.:	93850188	94595529
EMAIL:	jerome lee 78 @ gmail.com	angie-tan9 @ hotmail.com
RACE/RELIGION:	Chinese / Buddhism	
NATIONALITY:	Singaporean	
OCCUPATION:	Manager	Manager

Year of ~~marriage~~ marriage: 9 yr(s) 9 mth(s)

Are you actively trying for a baby? ☒ Yes ☐ No
(Circle where applicable)

Will you be interested in attending our future workshops on fertility-related topics? ☒ Yes ☐ No
(Circle where applicable)

LIFESTYLE	WIFE			HUSBAND		
Answer the following:	YES	NO	Specify detail(s):	YES	NO	Specify detail(s):
1. Are you overweight?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Are you underweight?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Do you drink caffeine? If so, how many cups a week?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Do you smoke? If so, how many sticks a day?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Are you taking any supplements?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Are you on any medication? Painkillers, anti-inflammatories, steroids, blood pressure pills, antibiotics?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

WORK & STRESS	WIFE	HUSBAND
Consider:	Hours per Day	Hours per Day
Working Time:		9
Relaxation Time:		6