



**BENATURAL**  
FERTILITY WELLNESS

REGISTRATION FORM

DATE: 5/3/17 TIME: \_\_\_\_\_

PROFILE	WIFE	HUSBAND
NAME:	LOH HUI MIN	MALCOLM LIM TEE MING
AGE:	31	37
MOBILE NO.:	91013027	96872437
EMAIL:	LOHHUIMIN@gmail.com	Ltming@gmail.com
RACE/RELIGION:	Chinese / free-thinker	Chinese / catholic
NATIONALITY:	Singapore	Singapore
OCCUPATION:	Sales	Shirley

Year of ~~marriage~~ marriage: 6 yr(s) 3 mth(s)

Are you actively trying for a baby? Yes/No  
[Circle where applicable] Yes

Will you be interested in attending our future workshops on fertility-related topics? Yes/No  
[Circle where applicable] Yes

LIFESTYLE	WIFE			HUSBAND		
Answer the following:	YES	NO	Specify detail(s):	YES	NO	Specify detail(s):
1. Are you overweight?	/			/		
2. Are you underweight?		/			/	
3. Do you drink caffeine? If so, how many cups a week?	/		5-10	/		5-10
4. Do you smoke? If so, how many sticks a day?		/		/		1/day
5. Are you taking any supplements?	/					
6. Are you on any medication? Painkillers, anti-inflammatories, steroids, blood pressure pills, antibiotics?		/			/	

WORK & STRESS	WIFE	HUSBAND
Consider:	Hours per Day	Hours per Day
Working Time:	8-10	12-15
Relaxation Time:	2-4	2-3