



BENATURAL
FERTILITY WELLNESS

REGISTRATION FORM

DATE: 5/3/17 TIME: _____

PROFILE	WIFE	HUSBAND
NAME:	CYNTHIA SANDJAYA	KOH WEE KIONG KENDRICK
AGE:	25	37
MOBILE NO.:	90875845	91906264
EMAIL:	cynthia.zhaoqing@hotmail.com	whitequra_79@gmail.com
RACE/RELIGION:	CHINESE / CHRISTIAN	CHINESE / CHRISTIAN
NATIONALITY:	INDONESIAN	SINGAPOREAN
OCCUPATION:	TEACHER	LECTURER

Year of ~~current~~ marriage: 0 yr(s) 3 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"/>		5		<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"/>		Calcium	<input checked="" type="checkbox"/>		omega 3
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:	8	8
Relaxation Time:	4	4