



**BENATURAL**  
FERTILITY WELLNESS

26/8/19 ✓

## Couple's Fertility Awareness

### Basic Information

	Wife	Husband
Name	Shermeen Ling	Gallen Lam
Age	40	36
Address	Blk 502D Yishun St. 51 #11-466 (S) 764502	Blk 502D Yishun St. 51 #11-466 (S) 764502
Mobile No.	97849265	91917380
Email	shermeenling@yahoo.com.sg	gallen-008@hotmail.com
Race / Religion	Chinese	Chinese
Nationality	Singaporean	Singaporean
Occupation	Asst. Manager	Event Specialist
Number of hours worked / day	8 hr	8 hr
Relaxation Time hours / day	2-3 hr	2-3 hrs — weekend n' up
We have been married for	2 years 10 months	
We have been trying for	years 10 months	
How often do you have sexual intercourse per week?	1 times	

Yoga x 1 session



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## Wife

<b>Physical details</b>		
Height	161 m	
Weight	56.90kg	
BMI = (Weight) / (Height) <sup>2</sup>	21.9	
Blood Pressure	114/59	mmHg
Pulse	72	bpm
Drug allergies	<input type="checkbox"/> Not known	<input checked="" type="checkbox"/> Yes
- If yes, what type of allergy and reaction?	Phenergan (Blood pressure drop)	
<b>Pregnancy history</b>		
Number of previous abortions	NIL	
Number of previous miscarriages	NIL	
Number of previous full-term pregnancies	NIL	
<b>Menstruation</b>		
Age of first menstruation	12 years old	
Is your menstruation regular?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Cycle length	Flowing for 4 days	
	for every 28 days	
Are your menstruations painful?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Mild
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Do you have heavy menstruation (soaked pad change hourly)?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Which day of your cycle is it the heaviest?	2 day	
Do you have any bleeding between periods?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Do you miss your period regularly?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Sexual intercourse</b>		
Do you experience pain during intercourse?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes