2023 Oshu Pregnancy Notification Form (Health Handbook/Checkup Card Application)

交付番号

*** Only fill out the section outlined in bold.**

Furigana		Date of birth (YEAR/MM/DD) ____/__/__ Age: ____	Workplace:
Pregnant parent		"My number"	
		Phone #	
Furigana		Date of birth (YEAR/MM/DD) ____/__/__ Age: ____	Workplace:
Nonpregnant parent		Phone #	
Address (with apt./room no.)	〒 Oshu-shi	Head of household: ( ) Phone #	
Patient's family home	〒	Point of contact: ( ) Phone #	

Have you been seen by a doctor?	Yes / No	Have you had an STI test?	Yes / No	Have you had a tuberculosis test?	Yes / No

Hospital/clinic		Due date (YEAR/MM/DD)	____/__/__	1st pregnancy? Yes / No
		Pregnancy in weeks:	_____ weeks	
Notifier		Notification date (YEAR/MM/DD)	____/__/__	

***Please answer as applies to you currently.**

1) Height: ( ) cm Current weight: ( ) kg Usual weight: ( ) kg
2) Any history of major illnesses? No Yes: Illness name ( ) Course: In treatment / Completed treatment
3) Are you experiencing any unusual symptoms now? No
   Yes: Bleeding Pain Extreme nausea/morning sickness Anemia
   High blood pressure Other: ( )
4) Any history of miscarriage or stillbirth, or loss of a child before age 1? Yes / No
5) Any history of seeing a counselor, therapist, psychologist, psychiatrist, or similar? Yes / No
6) Do you have a disabilities health handbook, or are you receiving assistance for a Yes* / No
   *If yes, specify: ( )
7) Any unusual symptoms with your last pregnancy? * If this is your first pregnancy, leave blank. Yes / No
8) Do you smoke? No
   Yes, but I stopped when I became pregnant. Pre-pregnancy cigarettes / day: ( )
   Yes Cigarettes per day: ( )
   Any smokers at home? No
   Yes: Husband/partner Parent(s) Sibling(s) Other: ( )
   Do they smoke in a separate place? (for example, outdoors) Yes / No
9) Do you drink? No
   Yes, but I stopped when I became pregnant. Pre-pregnancy drinks per day: ( )
   Yes Drinks per day: ( )

***Please tell us about your mental state.**

1) How did you feel when you found out you were pregnant? Happy It still doesn't feel real Unhappy
2) How do you feel now? Good Not so good: No appetite Irritability Frequent crying Anxiety Other: ( )
3) Anything you're especially worried about? No
   Yes: Body Giving birth Unplanned pregnancy
   Lifestyle during pregnancy Family Other: ( )
4) Any economic/financial worries? Yes / No
5) Are you satisfied with your living situation when it comes to raising a child? Yes / No
6) Have you had any stressful events lately, such as a death in the family or a major illness? Yes / No
7) The people in your life:
   a. Can you talk to your husband/partner about anything? Yes / No / No husband/partner
   b. Can you talk to your mother about anything? Yes / No / No mother
   c. Do you have someone to talk to other than a husband/partner or mother? No
   Yes: Sibling(s) Relative(s) Friend(s) Doctor/healthcare provider(s) Other: ( )
8) Is there anything else you'd like to talk about today? Yes / No

※Everyone in the healthcare system is cooperating to support your child's growth, in pregnancy, birth, and childrearing. I agree to provide necessary information to the city when support is needed, from this pregnancy through any time in childhood.

Signature: Date:

いーはとーぶ	同意あり ・ 同意なし	入力済
番号	0 3 215 —	

母子健康手帳届出種別				
正規	追加	再交付	交付転入	その他住基外

交付状況								
正規	1・子	2	3	4	5	6	7	8
9	10	11	12	13	14	15	聴	2w	1M	タ

A	B	C					寄り添い支援金			受付 水 江 前 胆 衣		入力済
		19歳以下妊婦	35歳以上初妊婦	身体	メンタル	生活環境	済	後日	※他市町村	担当者		