Foreign Language Edition 外国語版

Pregnancy Notification

							Year	Mon	ith D	Date	
To: Mayor of B											
		-	eted only in	-	oroxy	_				,	
Person submitting this form (tionship with	1 0			
I he			pregnancy a	as stipulat	ed in Mater	mal C	hild Health	Law Art	ticle No.	8.	
Mother's Name	(pronuncia	ation)			YY/MM/DD	Year	Month	Dat	e (years old	
(pregnant									temp	part-time	
woman)					Occupation				albeit	private	
Individual							*	scheduled	d to resign	YES / NO	
Number %Please complete at					Will you tak	e mate	rnity leave? (weeks p	rior to givi	ng birth) NC	
<u>^</u>	(pronuncia	ation)				Year	Month D	Data			
Father (Partner) Name				Birth	n Date	real	(years of	Date Occu	upation		
	D C'						-				
Address	Beppu Ci	ty					Home Tel	:			
T Tutil 055							Mobile	:			
			le living tog) perso	• •	<i>,</i> , , , , ,	C 1			
Family Members	-		•		-		en () / your	father/n	nother /		
	• week No.				ather / grand)	aubmissi	ion?	
Period of	• 1st/2nd/3				ling 16 weeks: What is the reason for late submission?						
Pregnancy	4th/5th/6th		(1) did not n (4) did not re		②was not feeling well③was not sure to give birth or notnancy⑤did not know how to submit notification						
Tregnancy	 single/mu conception 	iltiple	(6) others (cunze pregi	nune y	٢	and not know)	donnt not	incution	
Expected Delivery Date		Month	Date	()	your age on	day of	giving birth:		years of	old)	
Name of Physician	/Midwife w	ho Diag	nosed Your I			5	0 0		y	,	
Name of Medical I	nstitution/M	lidwife	Facility to Gi	ve Birth At							
Health Check (Ch		Com	pleted / Not	Completed	Health Chec			Comp	leted / No	t Completed	
for Tuberculosis		com	Not Sur	-	Venereal	Diseas regnan	e for This	comp	Not Si	-	
Pregnand %Please read th		a The	Donny City	u Uaalth (-	-	ltation	maninad	comicos on	
information from		0	•• •	•			L	,	-		
within acceptabl	-			•		-	•			0	
this will be hand	_	-	ersonal info	rmation a	nd will not k	oe util	ized for any	other re	asons tha	t pertaining	
the support of yo	our health	l•									
()How did you fe	el when yo	u learn	ed about you	ır pregnano	cy?						
extremely ha	ppy une	expected	l, but happy	unexpect	ed and bewild	dered	troubled	did not	think much	about it	
What was your husband's(partner's) reaction when you learned about your pregnancy?											
happy wa	s not happy	not	either have	e not told hi	m						
• For individ	duals still no	ot marri	ed: ※D	o you have p	plans to get m	arried	yes / no / pe	nding			
③ Are there any o							/ heart disease	/ thuroid	disassa / o	thors (
)		ease. II	igii biood pre	ssure / Kluik	ey disease / di	abeles	/ licalt disease	/ uryrolu	uisease / 0	liers (
(4) Have you expended	rienced any	y of the	following du	iring pregn	ancy/giving l	oirth?					
no / yes -> still birth / bi			• •		y diabetes / ir	nmine	nt premature bi	rth / prem	nature birth	/	
Others ()											
Issued Nu	mber / 交付	番号	入力		Continues	to Ba	ck		受付	 :印	
Maternity Handl 母子手帳	book									-	
Foreign Language	Edition										

SAre there any issues you are concerned or feel stress about regarding your current life-style or future?						
Please circle all issues which pertain to you.						
(infant in my womb / my body during pregnancy / giving birth / child rearing / older brother/sisters of baby						
issues (ex. DV) of my husband(partner) / my mother/father(my mother/father-in-law) / housework / my job						
expenses for giving birth/child rearing / others () / nothing in particular						
©Have you consulted a counselor or psychosomatic medicine or psychological medicine professional in the past?						
no yes (approximately when?)						
$\widehat{\mathcal{O}}$ What is your current height and weight? Also, what was your weight prior to pregnancy?						
height (cm) current weight (kg) weight prior to pregnancy (kg)						
B Please circle all conditions which pertain to you regarding your recent feelings and physical status.						
morning sickness / feel irritated / get tired easily / cannot sleep well / feel depressed						
others () / health condition is good						
©Do you or your family smoke cigarettes?						
(you) do not smoke / quit before pregnancy / quit during pregnancy / considering to quit / smoke (cigarettes/day)						
(family) do not smoke / quit before pregnancy / quit during pregnancy / considering to quit / smoke (cigarettes/day)						
*areas to smoke at home (no area for smoking / separated areas for smokers and nonsmokers /						
can smoke everywhere, no care for smoking)						
(DO you drink alcohol?						
Basically no / No after pregnancy / Yes (times a week, kinds : quantity :)						
(1)Do you have anyone to consult on your anxiety or stress during/after pregnancy?						
Yes Husband/Partner Your parents Your husband's parents Sisters/brothers Friends None						
Other ()						
⁽¹⁾ Do you have anyone to help you with child rearing and housework during/after pregnancy?						
Yes Husband/Partner Your parents Your husband's parents Sisters/brothers Friends None						
Other ()						
(B)Do you plan to go back to your hometown?						
Yes (When Till) Hometown ()						
No						
Not decided yet						
(Do you know about "Berineital visit" (pre/post childbirth child rearing health consultation) ?						
Yes No						
* If there any subjects you wish to consult on regarding pregnancy / birth / childrearing, etc., please write down.						
Thank you for your cooperation.						
Please feel free to contact us at the Beppu City Health Center if there are any subjects you wish to consult us in regards to pregnancy / birth / childrearing. There are cases in which a health consultant may contact you upon submitting this Pregnancy Notification Form. We appreciate your understanding on this subject.						

担当者	(

)

* No need to complete the below.

	1	
個人番号確認	・個人番号カード ・通知カード ・住民票 ・健康管理システム ・その他 ()	[Contact] Beppu City
身元確認	 ・個人番号カード ・運転免許証 ・住民基本台帳 ・官公署から発行された書類 ・その他(Health Promotion Division (located in the Beppu City Health Center)
代理権の確認	・委任状 ・電話 ・その他 ()	Address 15-33 Nishinoguchi-cho,
代理人の 身元確認	 ・個人番号カード ・運転免許証 ・住民基本台帳 ・官公署から発行された書類 ・その他(
	確認者	