

Pregnancy Notification Form

妊婦届出書

※Please fill out the blanks within the thick-frame below.

		母子健康手帳番号	47311-20 -	
Name of Pregnant Woman 妊婦氏名	Date of Birth 生年月日 _____ y _____ m _____ d	Age 年齢	Occupation 職業	
Address 住所		Phone 電話		
Name of Partner/Spouse 夫/パートナーの氏名	Age 年齢	Occupation 職業	Expected marriage registration date 入籍予定日 _____ y _____ m _____ d	
Weeks of pregnancy (at the time of this notification) 妊娠数週(届出時)		Estimated delivery date 分娩予定日 _____ y _____ m _____ d		
Sexually Transmitted Diseases Testing (blood test) 性病に関する健康診断(血液検査) <input type="checkbox"/> Done. 受けた <input type="checkbox"/> No. 受けてない		Medical check-up for Tuberculosis (chest X-ray within last one year) 結核に関する健康診断(1年以内の胸部レントゲン) <input type="checkbox"/> Done. 受けた <input type="checkbox"/> No. 受けてない		
Pregnancy confirmation by a doctor or midwife 医師又は助産師の診断				
<input type="checkbox"/> Done. 受けた <input type="checkbox"/> No. 受けてない		Name of the institution 医療機関名		
		Name of the doctor/midwife 医師又は助産師の名前		
About the current pregnancy 今回の妊娠		<input type="checkbox"/> Primiparity(first childbirth) 初産 <input type="checkbox"/> Pluripara(not first childbirth) 経産 → Number of children you already have お子さんの数 _____		
		<input type="checkbox"/> Single Pregnancy 単胎 <input type="checkbox"/> Multiple Conception 多胎		
Onna Village Mayor: I notify the information above. <div style="text-align: right; margin-right: 50px;">Date _____</div> <div style="text-align: right; margin-right: 50px;">Name _____ seal _____</div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> { <div style="text-align: center;"> If you are a representative: Address _____ Phone _____ relationship _____ </div> } </div>				

☆Onna Village would like to support our residents for child rearing starting before their childbirth. All the information you provide here is managed by the village, and used only for your childbirth and child rearing support. Please, circle the one that most describes your condition and provide details if necessary.

1. How do you feel about your pregnancy now.
(pleased / confused / not pleased / difficult / other _____)
2. Is your pregnancy course going well so far?
(Yes / No → If you say no, provide more details: _____)
3. Are you undergoing treatment or during follow-up for any disease?
(No / Yes → If you say yes, high-blood pressure / diabetes / other _____)
4. Is there anyone you can talk to about your pregnancy and childbirth, or ask for help?
(Yes / No)
5. Do you smoke?
(No, not at all. / No, I have quit smoking after pregnancy was confirmed.)
(Yes, but I am going to quit smoking. / Yes, and I am not planning to quit.)
6. Does your partner or someone who lives with you smoke?
(No / Yes → If you say yes, identify the person. partner / other _____)
7. How much alcohol had you been drinking before pregnancy?
(Not at all / Some alcohol drinking → amount and frequency: _____)
How much alcohol are you drinking now?
(Not at all / Some alcohol drinking → amount and frequency: _____)
8. Are you planning to go back to your home country/town for childbirth?
(No
Uncertain
Yes → Where: outside the village _____ / outside Okinawa _____
When: _____)
9. Are you planning to relocate?
(No
Yes → Where: outside the village _____ / outside Okinawa _____
When: _____)
10. Do you agree to provide a midwife with your information for a home-visiting service?
(Yes / No)

The issues you would like to consult about:

※村使用欄 受付担当者() 保健指導者()

確認証書： 運転免許証・保険証・身分証・その他()