

To Mayor of Okayama City

受付印

Okayama City

Pregnancy Registration Statement

\*Please fill in inside of thick-bordered box. \*For Pregnancy Registration Statement, you need the pregnant person herself's Individual Number Card or Notification Card and identity verification documents.

		Registration Date		/Year	/Month	/Day
Japanese Kana Syllable (Furigana)	Date of Birth		Current Age	Occupation		
Name of Pregnant Woman	/Year /Month /Date		years old			
Individual No.	Please fill in from the left.		Okayama City verification※1	Settled / Unsettled		
Japanese Kana Syllables (Furigana)	Date of Birth		Current Age	Occupation		
Name of Husband (Partner)	/Year /Month /Date		years old			
Address	Okayama City Ku		House	Pregnant woman's cell phone No.		
	Apartment name/room number:					
Family Structure	Number of housemates (Number: ) Husband (partner) Number of Child ( ) Natural Parents Husband's (Partner's) parents others ( )					
Delivery Experience	First childbirth	Multiparity	Number of child	Projected Date of Delivery	/Year	/Month /Day
Length of Pregnancy by the Time of Registration	Weeks	Multiple birth ( Yes No )		Plan of delivery at one's parent's home	No Undecided Yes → in the City outside the City outside the prefecture ( )	
Diagnosis of Pregnancy	Checked [ Name of Medical Institution or Maternity Clinic ]		Not Checked			
Have you had a medical checkup regarding sexually transmitted disease with this pregnancy?				Yes	No	
Did you take a chest X-ray regarding tuberculosis within a year?				Yes	No	
Do you have a plan to have a pregnancy checkup outside Okayama prefecture?				Yes	No	
How did you feel when you knew about your pregnancy?						
①Happy ②It was unexpected but happy ③It was unexpected and confused ④Did not feel anything ⑤Felt troubled (Economic reasons・Unmarried・Unwanted pregnancy・Others ) ⑥Others ( )						
Meals	①Every three meal ②Often skip meals (breakfast・lunch・dinner) ③Sometimes skip meals (breakfast・lunch・dinner) ④Cannot eat because of morning sickness					
Cigarettes	①No ②Quit smoking ③Smoking ( cigarettes per day)					
	Do your housemate family smoke cigarettes? ①No ②Smoking ( cigarettes per day)					
Alcohol	①No ②Quit drinking ③Sometimes ④Everyday ( glasses per day)					
Have you ever had any illnesses or are you currently under any medical treatments?						
No Yes → Name of illness: Heart disease, High blood pressure, Kidney disease, Hepatitis, Diabetes, Mental illness (such as depression), Others ( ) When? (around years old) Treatment situation: Recovered, Under treatment, Under medical follow-up, Discontinuance						
Do you have any consultants and cooperators during pregnancy and after delivery?						
No Yes → Husband (partner), Natural Parents, Parents-in-law, Siblings, Friends, Others ( )						
Are you in any troubles, distress, or anxiety?						
No Yes → ①About pregnancy and delivery ②About economic things ③Health (Yourself・Family) ④Relationship about husband and wife (partner) ⑤Relationship about family ⑥About childcare ⑦Others ( )						
According to the regulations of Maternal and Child Health Law Article 15, I hereby notify as above.			Notifier Address			
			Name		Relationship to the pregnant woman ( )	
			TEL			

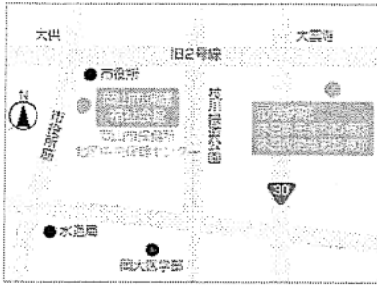
When a person other than the pregnant woman notifies, please have a pregnant woman fill in this statement, put her seal, and hand over her Individual Number Card with the statement.

I entrust the notifier above to receive my Pregnancy Registration Statement, Maternal and Child Health Handbook, and others.	Pregnant woman Address
	Name Seal

※1 岡山市確認方法: 個人番号カード・通知カード・個人番号が記載された住民票・その他( )

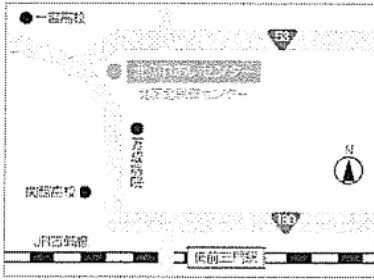
© There is a possibility that a public health nurse may call you about the content written down on the Registration Statement. Also, there is a possibility that we share this information with departments or others related to City of Okayama. Thank you for your understanding.

Places for Issuance of Maternal and Child Health Handbook  
A Pad of Tickets for Medical Consultations

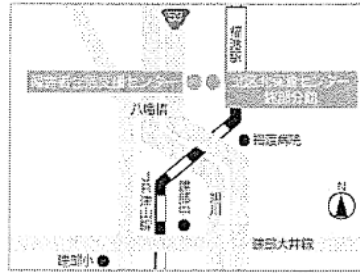


Public health nurses and other professionals receive Pregnancy Registration Statement and issue Maternal and Child Health Handbook.  
We provide consultations to any questions, worries, and others about pregnancy, childbirth, and childcare.

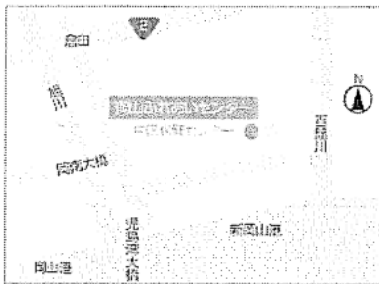
〒700-8546 1-1-1 Shikata, Kita-ku, Okayama City  
Health and Welfare Hall 2F  
Health Promotion Division, Public Health Center TEL 803-1264  
Kita Ward Chuc Public Health Center TEL 803-1265



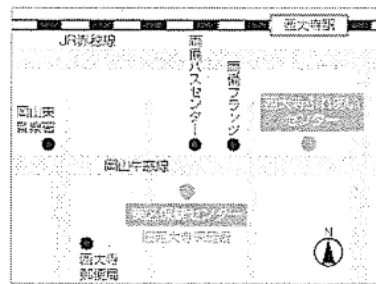
Kita Ward Kita Public Health Center  
〒700-0071 2-6-33 Tanimannari, Kita-ku, Okayama City  
(Inside Kita Fureai Center)  
TEL 251-6515



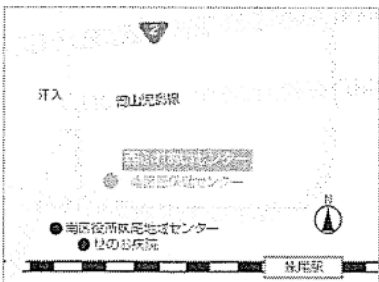
Kita Ward Kita Public Health Center Mitsu・Takebe Branch Office  
〒709-3198 489 Fukuwatari, Takebe-cho, Kita-ku, Okayama City  
(Inside General Affairs and Public Welfare Division, Takebe Shisho)  
TEL 722-1114



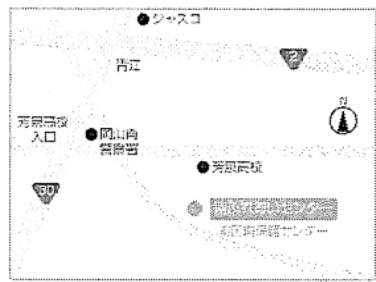
Naka Ward Public Health Center  
〒702-8002 715-2 Kuwano, Naka-ku, Okayama City  
(Inside Okayama Fureai Center)  
TEL 274-5164



Higashi Ward Public Health Center  
〒704-8192 4-5 Saidaiji-nakanohonmachi,  
Higashi-ku, Okayama City  
TEL 943-3210



Minami Ward Nishi Public Health Center  
〒701-0205 880-1 Senoo, Minami-ku, Okayama City  
(Inside Nishi Fureai Center)  
TEL 281-9625



Minami Ward Minami Public Health Center  
〒702-8021 690-1 Fukuda, Minami-ku, Okayama City  
(Inside Minami Fureai Center)  
TEL 261-7051

In addition to above, you can go through the procedures at each of Ward Offices, Shishoes, Chiiki Centers, Citizens Service Sections, and Citizens Service Centers.

【保健所処理欄】  妊娠届出入力  母親管理カード入力  妊婦相談入力

担当保健師：