

## Pregnancy Notification Form (妊娠届出書)

(To) Mayor of

(City, Town, Village)

Date of notification:

Name of pregnant woman	①Married ②Not married (Expected to register officially? Yes / No)	Date of birth	Age	Occupation	Individual Number
		____(yy)____(mm)____(dd)			
Name of spouse/partner		Date of birth	Age	Occupation	
		____(yy)____(mm)____(dd)			
Residential address	(〒 )	Phone	( )		
		Mobile	( )		
		Partner's Contact	( )		
Pregnancy confirmation by a doctor or midwife	Date of the first medical examination	____(yy)____(mm)____(dd)	Weeks of pregnancy	_____ weeks	
	Estimated delivery date	____(yy)____(mm)____(dd)	Sexually Transmitted Infection testing	①Done	②No
	Remarks	①Single pregnancy ②Multiple conception	Medical check-up for Tuberculosis	①Done	②No
	Name of the doctor, Name and address of medical institution	Name of the institution: Name of the doctor/midwife:	Health Insurance:	①Social insurance ②National health insurance ③None of the above	

\* We will continue to support you in pregnancy, delivery and child raising starting from the period of your pregnancy. We ask you to kindly answer the questions below. Please be assured that your personal information will be strictly protected.

1. Is everything going well with your pregnancy so far?	①Yes      ②No (Reason: _____)
2. Have you ever given birth?	①No, this is the first time.    ②Yes, this is the _____ time.
3. Have you ever experienced a miscarriage or premature birth?	①No    ②Yes (Miscarriage____times, Premature birth____times, Stillbirth____times, Abortion____times)
4. Did you receive infertility treatment for this pregnancy?	①Yes ( Subsidy:    ㊦ Yes    ㊧ Planning to Apply    ㊨ No) ②No
5. How did you feel about your pregnancy in finding out that you were pregnant?	①Pleased    ②Pleased even though it was unexpected ③Confused as it was unexpected    ④Troubled    ⑤No feelings ⑥Others ( _____ )
6. Are you planning to go back to your home country/town to have the baby delivered?	①No      ②Undecided ③Yes (Return to family home    • Other than family home) ⇒ Address during return: ( _____ ) Tel. Number during return: ( _____ ) - ( _____ ) Period of return: (From _____ until _____)
7. Do you plan to move house before the baby is born?	①Yes (New Address: _____ )    ②No ⇒ When do you plan to move? ( _____ )
8. Is there anyone to support and help you with the pregnancy? If yes, how many people?	①Yes ( _____ people )    ②No ⇒ ㊦ Husband/partner    ㊧ Parents    ㊨ Siblings    ㊩ Friends ㊪ Others ( _____ )
9. Do you currently feel worried, unstable or insecure? If so, please specify.	①No    ②Yes⇒ ㊦Pregnancy and delivery    ㊧Financial difficulties ㊨Your health    ㊩Relationship with your spouse/partner ㊪Relationship with your family    ㊫Child raising ㊬Others ( _____ )
10. Do you currently smoke?	①Yes ( _____ per day)    ②I have quit due to this pregnancy    ③No
11. Does your partner or someone who lives with you currently smoke?	①Yes      ②They quit after learning of this pregnancy      ③No
12. Do you currently drink alcohol?	①Yes ( _____ times/week)    ②I have quit due to this pregnancy      ③No

Form continues on reverse.

13. Did you undergo, or are you currently undergoing any medical treatment for illness or disease?

- ①No ②Yes⇒Heart disease High blood pressure Chronic nephritis  
Diabetes Hepatitis Mental illness (Depression etc.)  
Others ( )  
\*When was it? ( )  
Still undergoing treatment In recovery

Name of medical institution that you are (or were attending): ( )  
Are you currently taking medication? ( Yes (Name: )  No )

14. Have you had any of the following symptoms for a period of over 2 weeks in the past year: 'lack of sleep', 'frustration', 'crying easily' or 'lack of motivation' etc.?

- ①Yes ⇒  Lack of sleep  Frustration  Crying easily  Lack of motivation  
 Other ( )  
②No

© The information in this form will be used to support you through pregnancy, delivery and child raising and may be processed statistically and/or provided to the Gifu Prefectural Government to promote the maternity health measures of your municipality and the prefectural government. In any such case, personal information will be protected and you will not be identified. Statistical findings will be published.

© After you submit this document, specialists from the Health Center might contact you to check that everything is going well.

© It can take time before you receive your Maternal and Child Health Handbook, so please inquire at the the relevant municipality ahead of time.

I agree to the sharing of the information included in this form (Pregnancy Notification Form) and questionnaire with medical institutions that will carry out prenatal examinations, the medical institution that will deliver my baby, the municipality in which I live and other relevant institutions as necessary for the purposes of support for pregnancy, delivery and child raising.

Signature:

(Stamp here)

※Sign and/or stamp above