

**\*Please fill in the sections outlined in bold.**

Individual Number (My Number) of pregnant woman									

<Purpose of Using Individual Number (My Number)>  
 The Individual Number (My Number) provided through this notification will be collected and managed in accordance with the Enforcement Regulations on the Maternal and Child Health Act, and will be used for services under the Maternal and Child Health Act, including health guidance, newborn home visits, health checkups, pregnancy notifications, issuance of Maternal and Child Health Handbooks, and home visits for pregnant women and new mothers.

# Pregnancy Notification Form

\*Atsugi City provides support for your childbirth and child-rearing from when you are pregnant. Please be advised that during your pregnancy or after childbirth, a public health nurse or midwife from the city may contact you by phone or visit your home.

Maternal and Child Health Handbook Number		Notification date		/ /	
Pregnant woman	Name	Katakana		Nationality	Japanese / Foreign national ( )
	Date of birth (YYYY/MM/DD)	/ / (Age: years)		Occupation	
	Address	Atsugi City		Phone number	(which can be reached during daytime hours) ( ) -
Husband or partner	Name	Katakana		Nationality	Japanese / Foreign national ( )
	Date of birth (YYYY/MM/DD)	/ / (Age: years)		Occupation	
	Address	<input type="checkbox"/> Same as above		Phone number	(which can be reached during daytime hours) ( ) -
Expected delivery date (YYYY/MM/DD)	/ /		Gestational age	Number of weeks: ( th month)	
Name of medical institution where pregnancy was confirmed, and name of physician	Medical institution: (Physician: )				
Name of medical institution where you plan to give birth					
Have you had an STD screening for this pregnancy?	Yes / No		Have you had a chest X-ray in the past year?	Yes / No	
Do you plan to return to your home country for childbirth?	1 No 2 Yes (Country: ) 3 Not yet decided				
Do you plan to move/change residence during your pregnancy?	1 No      2 Yes (Date (YYYY/MM/DD): / / )      3 Not yet decided				
As stated above, I hereby submit this notification. I consent to Atsugi City accessing and verifying personal information from the Basic Resident Register and other sources for the implementation of maternal and child health programs, and to the city checking the municipal resident tax status of household members. I also agree to the use of the information provided in this notification form and in the questionnaire submitted at the time of pregnancy notification for various programs administered by Atsugi City under the Maternal and Child Health Act, the Child Welfare Act, and the Child and Child Care Support Act. To: Mayor of Atsugi City Pregnant woman's signature _____					

If someone other than the pregnant woman comes to submit this notification on her behalf, a letter of authorization is required. **The pregnant woman herself must fill in** the following letter of authorization.  
 Even if the letter is prepared using a computer, etc., the address and name of the authorizing person (pregnant woman herself) **must be handwritten by her.**

<b>Letter of Authorization</b>	
Date (YYYY/MM/DD): / /	
Authorizing person (pregnant woman herself)	Address _____ Name _____
I hereby delegate all authority related to the submission of the pregnancy notification and the receipt of the Maternal and Child Health Handbook, which involves providing the Individual Number (My Number) as stipulated in the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (Act No. 27 of 2013), to the following person.	
Authorized representative (the one submitting this form in person)	Address _____ Name _____ Relationship with authorizing person ( )

<b>事務処理欄</b>	
【妊婦の個人番号及び届出人本人確認を同時にできる書類】	
<input type="checkbox"/> 個人番号カード	
【妊婦の個人番号確認】	【届出人本人を確認する書類】
<input type="checkbox"/> 個人番号通知カード	顔写真付の公的な証明書(1点)
<input type="checkbox"/> 住民票の写し(個人番号記載有)	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 旅券 <input type="checkbox"/> 障害者手帳(身体・療育・精神) <input type="checkbox"/> 在留カード・特別永住者証明書 <input type="checkbox"/> その他( )
<input type="checkbox"/> 住民票記載事項証明書(個人番号記載有)	顔写真付でない公的な証明書(2点)
<input type="checkbox"/> 住民基本台帳	<input type="checkbox"/> 年金手帳 <input type="checkbox"/> 児童扶養手当証書又は特別児童扶養手当証書 <input type="checkbox"/> その他( )
確認者: ( )	



## For Those Submitting a Pregnancy Notification Form (Questionnaire)

\*Please fill in the sections outlined in bold.

Date answered (YYYY/MM/DD)		/ /				
Name of pregnant woman						
1. Who do you live with? Select all that apply.		Husband (partner) / Mother (biological) / Father (biological) / Mother-in-law / Father-in-law / Siblings / Children (number: ) Other ( )				
2. How did you feel when you found out you were pregnant? Select all that apply.		1. Very happy      2. Unexpected but happy      3. Confused      4. Surprised 5. Relieved      6. No particular feeling      7. Other ( )				
3. Do you have people who will help you during pregnancy and after childbirth? Select all that apply.		1. No      2. Yes → Husband (partner) / Mother (biological) / Father (biological) / Mother-in-law / Father-in-law / Siblings / Friends				
4. People you can turn to for advice when in trouble		1. Can you confide in your husband (partner) about anything?      Yes / No / No husband (partner)				
		2. Can you confide in your mother (biological) about anything?      Yes / No / No mother				
		3. Is there anyone else you can confide in?      Yes / No				
5. Have you ever been diagnosed with any medical conditions?		1. No      2. Yes Diagnosis/disease name ( ) Symptoms ( ) → Approximate age at onset: ( years) → Current status: (Cured / Under treatment / Under observation / Other ( )) → Medication: (No / Yes)				
6. Have you ever consulted a counselor, psychiatrist, or psychosomatic medicine doctor regarding psychological or mental health issues?		1. No      2. Yes Diagnosis/disease name ( ) Symptoms ( ) → Approximate age at onset: ( years) → Current status: (Complete / Ongoing) → Medication: (No / Yes)				
7. In the past year, have you experienced the death of a loved one, or have you, your family, or someone close to you had a serious illness or an accident?		1. No      2. Yes				
8. <b>In the past year</b> , have you experienced symptoms such as difficulty sleeping, irritability, frequent tearfulness, or lack of motivation <b>lasting two weeks or longer</b> ?		1. No      2. Mostly no      3. Mostly yes      4. Yes				
9. How is your current physical condition?		1. Good      2. Poor → Morning sickness / Bleeding / Headache / Insomnia / Other ( )				
10. Do you have any oral health problems?		1. No      2. Yes → Cavities / Prone to bleeding / Swollen gums / Sticky saliva / Bad breath				
11. Do you smoke?		1. No      2. Stopped after learning I was pregnant      3. Yes → Number of cigarettes per day: ( ) Do you plan to quit? (Yes / No)				
12. Does anyone you live with smoke?		1. No      2. Yes → Relationship: ( ) Number of cigarettes per day: ( ) Smoking location: Same room / Near ventilation or separate room / Balcony or outdoors				
13. Do you drink alcohol?		1. No      2. Stopped after learning I was pregnant      3. Yes				
14. Do you have any difficulties or concerns?		1. No      2. Yes, regarding: → Pregnancy/childbirth      Child-rearing      Husband (partner)-related matters      Own health Family-related matters      Work-related matters      Other ( )				
15. Are you experiencing financial difficulties or concerns about your finances?		1. No      2. Yes				
16. Are you satisfied with your current living situation and environment for raising a child?		1. Yes      2. No				
17. Number of pregnancies		1. First      2. ( )th pregnancy → Miscarriage: ( ) time(s) at age(s) ( ), ( ), ( ) Abortion: ( ) time(s) at age(s) ( ), ( ), ( ) Stillbirth: ( ) time(s) at age(s) ( ), ( ), ( )				
18. History of childbirth	Age at delivery	Gestational age	Complications during pregnancy	Delivery method	Birth weight	Condition of newborn
	years	weeks	None    Threatened preterm labor    Pregnancy-induced hypertension    Other ( )	Vaginal    C-section	g	Good    Needed special care (NICU or GCU admission)    Other( )
	years	weeks	None    Threatened preterm labor    Pregnancy-induced hypertension    Other ( )	Vaginal    C-section	g	Good    Needed special care (NICU or GCU admission)    Other( )
	years	weeks	None    Threatened preterm labor    Pregnancy-induced hypertension    Other ( )	Vaginal    C-section	g	Good    Needed special care (NICU or GCU admission)    Other( )
	years	weeks	None    Threatened preterm labor    Pregnancy-induced hypertension    Other ( )	Vaginal    C-section	g	Good    Needed special care (NICU or GCU admission)    Other( )
19. Please indicate your type of insurance, your tax status, etc.		Insurance: Social insurance (insured person) / Social insurance (dependent) / National health insurance / Other ( ) / Uninsured Tax status, etc.: Taxable household (paying resident tax) / Non-taxable household / Household receiving public assistance				
20. Have you undergone infertility treatment?		1. No      2. Yes → Treatment duration: ( years) Treatment method: Timing method / Artificial insemination / In vitro fertilization / Intracytoplasmic sperm injection / Other ( )				
21. Regarding your diet, would you like to consult with a registered dietitian?		1. No      2. Yes → Topics you want to discuss:				