

Instruction Form for Newborn Home Visit

Congratulations. We, the Health and Welfare Center in Hachioji offer a newborn home visit. We check your baby's weight and health condition and we also have consultations for mothers. Please fill out the form.

Baby's Name		Date of birth	(Day/Month/Year) / /	Birth Order
<input type="checkbox"/> Male • <input type="checkbox"/> Female	Birth	g	Length of Pregnancy	weeks
Father's Name	Age ()	Mother's Name	Age ()	
Address				
Phone Number	Mother's	Father's		
Place of Delivery		Hospital Discharge	(Day/Month/Year) / /	
We will visit your home by car or bicycle. Do you have a parking area?				
For bicycle : <input type="checkbox"/> Yes <input type="checkbox"/> No • For car : <input type="checkbox"/> Yes <input type="checkbox"/> No				

Do you have any plan to go back to your hometown?

No Yes : from _____ to _____ where (_____)

1. About the baby

- (1) How was your delivery? Normal Abnormal (_____)
- (2) Did your baby have special treatment at that time? No Yes (_____)

2. About the mother

- (1) How is your health condition? Good Bad Difficult to say (tired, insomnia, other)
- (2) How do you feel these days? Good Bad Difficult to say (unhappy, frustrated, anxious, other)
- (3) Do you sometimes get depressed for no reason? No Yes
- (4) Is there anyone who supports you raising your baby? Yes No
Who (_____)
- (5) Is there anyone you can share and express your feelings with? Yes No
Who (_____)

3. Is there anything you would like to consult to us about you or your baby?
