Medical Institution Code:

Day

Month

Date of Examination:

nplete the		ons on this form					h Checkup Questi			
-		ons on this form	, and then undergo	the health ev			-	ard book on the day	5.1	.
-		In and folial	,	UIG 11671111 - 1	xaminatio	n, (Please do r	ot forget to bring your maternity health reco	יייי וייי ווער אטטער אווייייי איייי איייייייייייייייייייייי	of the exam)	(Copy for Otsu City
/ WICH I C	irigana)			the fleath ex	xammatic	in. (Flease do I	Current Stat	-		(Oopy for Otsu Oits
	ii igaila /		Year Month	Day	M•F	1. Does you	child's head wobble when cradling them			· Yes)
	(How	many children do)	141		on their stomach, do they support		Sing.	
						their bod	with their elbows and lift their head up?	?	(Yes	• No)
			Phone Numb	er:		3. Can they	nold their hands together in front of them	n when they play?	(Yes	• No)
dian #1:			Parent/Guardian	#2:		4. Have you	ever felt that their body was too soft and	d loose?	(No	· Yes)
		•	01 . 01	Relation(5. Have you	ever felt you child bends too easily makin	ng them hard to ho	old? (No	• Yes)
	Heig	nt:	Chest Size:	Head Size:						• No)
g		cm	cm	1	cm	t				· Yes)
								and smile?	·	
the mot	her's r	cm pregnancy	cm	า	cm	1		vour child sleeps n	·	• No)
sues						n	6			24
s: anem	iia, thre	atened misca	rriage/prematur	re birth, PIH	ł,					
diabet	es, thyr	oid issues, infe	ectious disease, o	other ()	11. What is	our child's current daily nutrition? Mo	ther's milk:()times Baby Form	nula: 1 day()ml
childbirt	h					12. Do you l	ave any concerns regarding breastfeedin	ng and baby food?	(No	• Yes)
w many	weeks	was the child	born? (weeks)		13. If you ar	swered "Yes" on the previous question,	please tell us why:	:	
ion: Norm	al Child	oirth, Premature	Birth, C-section, I	Breech Birth,						
)	14. How ofte	en does the mother eat breakfast per wee	ek?	In 1 week: () times
ace: W		•		•	_	15. Do you	ind child raising to be challenging?	(1. All the time 2.	Sometimes 3. Never)
t O	•		rs Office Maternity	nospitai, nome	е	16. If you ar	swered "1. All the time" or "2. Sometime	es $^{\prime\prime}$ on the previou	s question	
	niia Up	on birth				① Whe	n do you feel this way? Can you give an e	example?		
	rwent o	xvgen therapv.	entered an incub	ator		② Do w	u have a colution for your concerns such as son	mawhara/somaona yo	u can consult (Vas	• No)
										al • Not good)
		ing skin pigmentat	tion, struggled with r	eceiving milk					(NOTTIN	ar Not good)
ur child	contra	acted any illn	esses?			ror thos	e who answered Not good, why do you	reer triis way:		
•	Yes					18. In the pa	st month, have you felt very irritated or	depressed?	(No	• Yes)
n Child	Hearir	ng Test				·	, .	·		
r(Normal)	• Re-exan	nination needed) L	eft Ear (Normal • Re-	examination nee	eded)	19. Did you re	ceive adequate care and support from public he	alth nurses, etc. durin	g the one month	
has not	underg	one the test	yet			period aft	er giving hirth and being released from the hospit	al? (1 Yes	2. No 3. So-so)
	ariaore	,					or giving bit the and being released from the hospit	(1, 100		
		s needed: Re	sult()			·		
eexamin	nation i	s needed: Re	will be sent one m		-)_	20. Do you	vant to continue raising your child in the	area you currently	·	• No)
eexamin	nation i onth-Old su Mothe	s needed: Re			_) I	20. Do you		area you currently	·	·
the 4-Moto to the Ots Itation Ce be asked	nation i onth-Old su Mothe enter.	s needed: Re Health Checkuper and Child Heal	will be sent one m th Division, as well our child and yours	as Sukoyaka self by Sukoyal	_	20. Do you	vant to continue raising your child in the	area you currently	·	·
the 4-Moto to the Ots Itation Ce be asked	nation i onth-Old su Mothe enter. about the	s needed: Re Health Checkuper and Child Heal	will be sent one m th Division, as well	as Sukoyaka self by Sukoyal	_	20. Do you	vant to continue raising your child in the	area you currently	·	·
the 4-Mo to the Ots ltation Ce be asked ltation Ce	nation i onth-Old su Mothe enter. about the	s needed: Re Health Checkuper and Child Heal	will be sent one m th Division, as well our child and yours	as Sukoyaka self by Sukoyal	_	20. Do you	vant to continue raising your child in the	area you currently	·	·
the 4-Mo to the Ots Itation Ce be asked Itation Ce	nation i onth-Old su Mothe enter. about the enter. If y	s needed: Re Health Checkup er and Child Heal ne condition of y you have any cor	will be sent one m th Division, as well our child and yours	as Sukoyaka self by Sukoyal act the Sukoua	aka	20. Do you v	want to continue raising your child in the any other concerns regarding your child, the mother,	area you currently or anything else you wo	·	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce	nation i onth-Old su Mothe enter. about the enter. If y enter.	s needed: Re Health Checkup er and Child Heal ne condition of y you have any cor	will be sent one method one melth Division, as well our child and yours ocerns, please contains.	as Sukoyaka self by Sukoyal act the Sukoua	aka	20. Do you v 21. If you have	vant to continue raising your child in the any other concerns regarding your child, the mother, Results **The weight gain	area you currently or anything else you wo	ould like to discuss, please	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce	nation i onth-Old su Mothe enter. about the enter. If y	s needed: Re Health Checkup er and Child Heal ne condition of y you have any cor	will be sent one m th Division, as well our child and yours acerns, please conta the attending phys	as Sukoyaka self by Sukoyal act the Sukoua	aka i _ J Kam	20. Do you v 21. If you have	want to continue raising your child in the any other concerns regarding your child, the mother,	area you currently or anything else you wo	ould like to discuss, please	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce	nation i onth-Old su Mothe enter. about the enter. If y enter.	s needed: Re Health Checkup er and Child Heal ne condition of y you have any cor	will be sent one m th Division, as well our child and yours acerns, please conta the attending phys	as Sukoyaka self by Sukoyal act the Sukoua	aka i _ J Kam	20. Do you v 21. If you have	any other concerns regarding your child in the any other concerns regarding your child, the mother, **The weight gair** 14. Please assess the following a. Supine Position	area you currently or anything else you won curve is located in a positions:	ould like to discuss, please	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce	onth-Old su Mother about the enter. If yenter.	s needed: Re Health Checkup er and Child Heal ne condition of y you have any cor	will be sent one mailth Division, as well our child and yours occurs, please contains the attending physical Chest Size	as Sukoyaka self by Sukoyal act the Sukoua	Aka I L Z Kam Head Si	20. Do you ve 21. If you have ination	vant to continue raising your child in the any other concerns regarding your child, the mother, Results **The weight gain* 14. Please assess the following the second continue to the concerns regarding your child, the mother, and the concerns regarding your child in the mother, and the concerns regarding your child in the mother, and the concerns regarding your child in the mother, and the concerns regarding your child in the mother, and the concerns regarding your child in the mother, and the concerns regarding your child in the mother, and the concerns regarding your child, the concerns regarding your child.	area you currently or anything else you won curve is located in a positions:	ould like to discuss, please	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce Itation Ce	onth-Old su Mother about the enter. If yenter.	Health Checkuper and Child Health Checkuper and Ch	will be sent one mailth Division, as well our child and yours occurs, please contains the attending physical Chest Size	as Sukoyaka self by Sukoyal act the Sukoua sician EX	Aka I L Z Kam Head Si	20. Do you ve 21. If you have ination	any other concerns regarding your child in the any other concerns regarding your child, the mother, **The weight gair** 14. Please assess the following a. Supine Position	area you currently or anything else you won curve is located in a positions:	ould like to discuss, please	write them here:
the 4-Mo to the Ots Itation Ce be asked Itation Ce Itation Ce	onth-Old su Mother about the enter. If yenter.	Health Checkuper and Child Health Checkuper and Che	will be sent one meth Division, as well our child and yours occurs, please contains the attending physical Chest Size	as Sukoyaka self by Sukoyal act the Sukoua sician EX	Kam Head Si	20. Do you ve 21. If you have ination	Results *The weight gair 14. Please assess the following a. Supine Position (1.2.3. Can't Determine) b. Reaction to Being Pulled Upward	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	write them here:
the 4-Moto the Ots ltation Ce be asked ltation Ce ltation Ce elds belo	onth-Old su Mother about the enter. If yenter.	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any corbon be filled out by ght: Us of Weight (Normal • S	will be sent one meth Division, as well our child and yours occurs, please contains the attending physical Chest Size	as Sukoyaka self by Sukoyal act the Sukoua sician EX Anterior	Acad Si	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the followin a. Supine Position (1.2.3. Can't Determine	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	write them here:
the 4-Moto the Ots ltation Cellation	onth-Old su Mother tenter. I about the enter. If yenter. w are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any corresponding to the filled out by the ght: Us of Weight (Normal • S Physician	will be sent one many the Division, as well our child and yours occurs, please contains the attending physical Chest Size Growth Iow • Fast) an's Opinion (E	as Sukoyaka Self by Sukoyal act the Sukoua sician Anterior (Sither circle	Tead Si	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the following a. Supine Position (1.2.3. Can't Determine) b. Reaction to Being Pulled Upward	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	write them here:
the 4-Moto the Ots ltation Ce be asked ltation Ce ltation Ce	onth-Old su Mother tenter. I about the enter. If yenter. w are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any corresponding to the filled out by the ght: Us of Weight (Normal • S Physician	will be sent one many the Division, as well our child and yours occurs, please contains the attending physical Chest Size Growth Iow • Fast) an's Opinion (E	as Sukoyaka self by Sukoyal act the Sukoua sician EX Anterior	Tead Si	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the followin a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	write them here:
the 4-Moto the Ots ltation Cellation	onth-Old su Mother tenter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any corresponding to the condition of you have any corresponding to the condition of your ha	will be sent one many the Division, as well our child and yours occurs, please contains the attending physical Chest Size Growth Iow • Fast) an's Opinion (E	as Sukoyaka self by Sukoyal act the Sukoua sician Ex Anterior (ither circle	Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the following a. Supine Position (1.2.3. Can't Determine) b. Reaction to Being Pulled Upward	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cebe asked ltation Cebe asked ltation Cebe	onth-Old su Mother about the enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correspond be filled out by the condition of your have any correspond be filled out by the condition of the condition of your have any correspond to the condition of your have any corr	will be sent one meth Division, as well our child and yours occurs, please contained the attending physical Chest Size Growth Iow • Fast) an's Opinion (Emangioma • Eyelids • Involuntary	as Sukoyaka self by Sukoyal act the Sukoua sician Ex Anterior (Sither circle Birthmark y Eye Movement	Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the followin a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cellation	onth-Old su Mother about the enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correspond to the filled out by the ght: Us of Weight (Normal • S Physici Rash • He Squint • Droopy Cleft Lip •	will be sent one mangioma Eyelids · Involuntary Cleft Palate	as Sukoyaka self by Sukoyal act the Sukoua sician Ex Anterior (Sither circle Birthmark y Eye Movement	Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the followin a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine c. Landau Reflex (1.2.3.Can't Determine	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cebe asked ltation Cebe asked ltation Cebe	onth-Old su Mother about the enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correspond to the filled out by the ght: Us of Weight (Normal • S Physici Rash • He Squint • Droopy Cleft Lip •	will be sent one meth Division, as well our child and yours occurs, please contained the attending physical Chest Size Growth Iow • Fast) an's Opinion (Emangioma • Eyelids • Involuntary	as Sukoyaka self by Sukoyal act the Sukoua sician Ex Anterior (Sither circle Birthmark y Eye Movement	Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results **The weight gair 14. Please assess the following a. Supine Position (1.2.3. Can't Determine b. Reaction to Being Pulled Upward (1.2.3. Can't Determine c. Landau Reflex	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cellation	onth-Old su Mother about the enter. I about the enter. If yenter. We are to Height Start I are the sum of the	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any conductive be filled out by ght: Us of Weight (Normal • S Physici Rash • He Squint • Droopy Cleft Lip • Lump • St	will be sent one mangioma Eyelids · Involuntary Cleft Palate	as Sukoyaka Self by Sukoyal act the Sukoua sician Ex Sician Anterior (Either circle Birthmark y Eye Movement Thrush (Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results *The weight gair 14. Please assess the followin a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine c. Landau Reflex (1.2.3.Can't Determine	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cellation	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correspond to the filled out by the ght: Us of Weight (Normal · S Physici Rash · He Squint · Droopy Cleft Lip · Lump · St Heart murmur ·	will be sent one meth Division, as well our child and yours occurs, please containers, pl	as Sukoyaka Self by Sukoyal act the Sukoua sician Ex Sician Anterior (Either circle Birthmark y Eye Movement Thrush (Fontan Address Addr	20. Do you ve 21. If you have ination ize:	Results **The weight gair* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cellation	onth-Old su Mother about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any conduction of you have any conduction of your have any conduction of you have any conduction of your have any	will be sent one meth Division, as well our child and yours occurs, please containers, pl	as Sukoyaka Self by Sukoyal act the Sukoua Sician EX Sician Anterior (Sither circle Birthmark Y Eye Movement Thrush (active Breathin	Fontan Address Fontan Fontan Address Fontan Fontan Address Fontan Fontan Address Fontan Fo	20. Do you ve 21. If you have ination ize:	Results **The weight gair 14. Please assess the following a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine c. Landau Reflex (1.2.3.Can't Determine 15. Conclusions	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cebe asked ltation Cebe ltatio	onth-Old su Mother about the enter. I about the enter. If yenter. We are to Height Start	Health Checkuper and Child Health Checkuper and Che	will be sent one meth Division, as well our child and yours ocerns, please contained and yours ocerns, please contained and some contained and som	as Sukoyaka Self by Sukoyal act the Sukoua Sician Exercise Anterior (Either circle Birthmark y Eye Movement Thrush (active Breathin	Fontan Address Fontan Fontan Address Fontan F	20. Do you ve 21. If you have ination ize:	Results **The weight gair* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cells be asked ltation Cells ltation Cells below C: ry k th k st h Joints	onth-Old su Mother enter. about the enter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any conduction of you have any conduction of your have any conduction of you have any conduction of your have any	will be sent one meth Division, as well our child and yours ocerns, please contained attending physical chest Size of the	as Sukoyaka Self by Sukoyal act the Sukoua Sician Ex Sician Anterior (Either circle Birthmark y Eye Movement Thrush (active Breathin Hydrocele tessize difference	Fontan Address Fontan Fontan Address Fontan Fontan Address Fontan Fontan Address Fontan Fo	20. Do you ve 21. If you have ination ize:	Results **The weight gair* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues	area you currently or anything else you wo no curve is located in ng positions:	ould like to discuss, please	h record book.
the 4-Moto the Ots ltation Cells be asked ltation Cells ltation Cells ltation Cells below Carry Name of the Cells below Carry	onth-Old su Mother enter. about the enter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correct be filled out by ght: Us of Weight (Normal · S Physici Rash · He Squint · Droopy Cleft Lip · Lump · St Heart murmur · HSM · L Hernia · Cry Struggles to o Does not laugh	will be sent one meth Division, as well our child and yours ocerns, please containers, pl	as Sukoyaka Self by Sukoyal act the Sukoua Sician Existing Anterior (Either circle Birthmark Y Eye Movement Thrush Autive Breathing Hydrocele test size difference bjects with eye Eween left and in	Fontan Add, or w (ts(C cas · Doe	ination ize: el) cm //ritten)))))) es not speak	Results **The weight gair 14. Please assess the following a. Supine Position (1)·2·3·Can't Determine b. Reaction to Being Pulled Upward (1)·2·3·Can't Determine c. Landau Reflex (1)·2·3·Can't Determine 15. Conclusions 1 No Issues 2	area you currently or anything else you wo not curve is located in ng positions: ds 1	your maternity healt 2 2 2	h record book. 3 3
the 4-Moto the Ots ltation Cebe asked ltation Cebe ltation Cebe asked ltation Cebe ltation Cebe asked ltation Cebe ltatio	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any conduction of you have any conduction of your have any conduction of you have any conduction of your have any	will be sent one meth Division, as well our child and yours accerns, please contained and yours accerns, please contained and service of the attending physical Chest Size of the attending physical Chest Size of the acceptance of	as Sukoyaka self by Sukoyal act the Sukoua sician Ex sician Anterior (Sither circle Birthmark Y Eye Movement Thrush Hydrocele tes size different bjects with eye sween left and re old objects	Fontan X ad, or w (ts(C cel right mov	ination ize: el) cm //ritten)) s not speak ement Does not	Results **The weight gair* 14. Please assess the following a. Supine Position (1)·2·3·Can't Determine b. Reaction to Being Pulled Upward (1)·2·3·Can't Determine c. Landau Reflex (1)·2·3·Can't Determine 15. Conclusions 1 No Issues 2 a. I refer you to (Rec	area you currently or anything else you wo not curve is located in ng positions: ds commendation	your maternity healt 2 2 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1	h record book. 3 3 In accordance:
the 4-Moto the Ots ltation Cells be asked ltation Cells ltation Cells the Cells below the Cell	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correct the condition of you have any correct the condition of your have any condition of your have any condition of your have any cond	will be sent one mand the Division, as well our child and yours occurs, please contained at the attending physical Chest Size of the attending physical Chest S	as Sukoyaka self by Sukoyal act the Sukoua sician Ex sician Anterior (Either circle Birthmark y Eye Movement Thrush Hydrocele tes size difference bjects with eye ween left and re old objects reaction - Le	Fontan X ad, or w (ts(C cel right mov	ination ize: el) cm //ritten)) s not speak ement Does not	Results **The weight gair 14. Please assess the following a. Supine Position (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine c. Landau Reflex (1.2.3.Can't Determine b. Reaction to Being Pulled Upward (1.2.3.Can't Determine c. Landau Reflex (1.2.3.Can't	area you currently or anything else you wo not curve is located in ng positions: ds ds at our medications	your maternity healt 2 2 2 2 2 2 2 2 2 2 2 2 2	h record book. 3 3 In accordance:
the 4-Moto the Ots ltation Cebe asked ltation Cebe ltation Cebe asked ltation Cebe ltation Cebe asked ltation Cebe ltatio	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any conduction of you have any conduction of your have any conduction of you have any conduction of your have any	will be sent one mand the Division, as well our child and yours occurs, please contained at the attending physical Chest Size of the attending physical Chest S	as Sukoyaka self by Sukoyal act the Sukoua sician Ex sician Anterior (Either circle Birthmark y Eye Movement Thrush Hydrocele tes size difference bjects with eye ween left and re old objects reaction - Le	Fontan X ad, or w (ts(C cel right mov	ination ize: el) cm //ritten)) s not speak ement Does not	Results **The weight gain* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues 2 a. I refer you to (Recomb. We will follow—up a c. Undergoing Treatment.	area you currently or anything else you wo not curve is located in ng positions: ds ds frommendation at our medication at our medication ment/Monito	your maternity healt 2 2 2 2 2 2 2 2 2 2 2 2 2	h record book. 3 3 In accordance:
the 4-Moto the Ots ltation Cells be asked ltation Cells ltation Cells the Cells below the Cell	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correct the condition of you have any correct the condition of your have any condition of your have any condition of your have any cond	will be sent one mand the Division, as well our child and yours occurs, please contained at the attending physical Chest Size of the attending physical Chest S	as Sukoyaka self by Sukoyal act the Sukoua sician Ex sician Anterior (Either circle Birthmark y Eye Movement Thrush Hydrocele tes size difference bjects with eye ween left and re old objects reaction - Le	Fontan X ad, or w (ts(C cel right mov	ination ize: el) cm //ritten)) s not speak ement Does not	Results **The weight gain* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues 2 a. I refer you to (Recomb. We will follow—up a c. Undergoing Treatment. I recommend a balance.	area you currently or anything else you wo not curve is located in ng positions: ds ds in curve is located in medical our m	your maternity healt 2 2 2 2 2 2 2 2 2 2 2 2 2	in accordance:
the 4-Moto the Ots ltation Cells be asked ltation Cells ltation Cells the Cells below the Cell	onth-Old su Mother enter. I about the enter. If yenter. We are to Height Star	Health Checkuper and Child Health Checkuper and Child Health Checkuper and Child Health County ou have any correct the condition of you have any correct the condition of your have any condition of your have any condition of your have any cond	will be sent one mand the Division, as well our child and yours occurs, please contained at the attending physical Chest Size of the attending physical Chest S	as Sukoyaka self by Sukoyal act the Sukoua sician Ex sician Anterior (Either circle Birthmark y Eye Movement Thrush Hydrocele tes size difference bjects with eye ween left and re old objects reaction - Le	Fontan X ad, or w (ts(cel right mov	ination ize: el) cm //ritten)) s not speak ement Does not	Results **The weight gain* 14. Please assess the following a. Supine Position (1.2.3.Can't Determine) b. Reaction to Being Pulled Upward (1.2.3.Can't Determine) c. Landau Reflex (1.2.3.Can't Determine) 15. Conclusions 1 No Issues 2 a. I refer you to (Recomb. We will follow—up a c. Undergoing Treatment.	area you currently or anything else you wo not curve is located in a positions: ds ds unent/Monito by consultate the child's nutr	your maternity healt 2 2 2 2 2 2 2 2 2 2 2 2 2	In accordance:
Si Si Ci Wilding Con Si Si Si Ci Wilding Con Si	me motives anemotives anemotive diabet hildbird wany on: Norm Vac ce: W on of Coues cues cues cothe r child n Child	g ne mother's pues : anemia, three diabetes, thyr hildbirth v many weeks on: Normal Childle Vacuum De ce: Within S) Hospi on of Child Up ues : Underwent or experienced stroe other(r child contra •Yes n Child Hearin (Normal · Re-exame)	g cm me mother's pregnancy me mother's pregnancy mes me anemia, threatened misca diabetes, thyroid issues, infer hildbirth w many weeks was the child on: Normal Childbirth, Premature Vacuum Delivery, Forceps ce: Within Shiga • (Height: g cm cm g cm cm me mother's pregnancy ues anemia, threatened miscarriage/premature diabetes, thyroid issues, infectious disease, of hildbirth many weeks was the child born? (on: Normal Childbirth, Premature Birth, C-section, Vacuum Delivery, Forceps Delivery, other (ce: Within Shiga • (Prefecture) Hospital•Clinic•Doctor's Office•Maternity on of Child Upon Birth ues Underwent oxygen therapy, entered an incube experienced strong skin pigmentation, struggled with reacher (rechild contracted any illnesses? • Yes Child Hearing Test	Height: Chest Size: Head Size: g	Height: Chest Size: Head Size: g	Relation() Relation() Height: Chest Size: Head Size: 6. When you of the composition of	Relation() Relation() Height: Chest Size: Head Size: 6 Grown Grown Grown Grown B. When you addle your child, do they make noises a general programment of the contracted any illnesses? The mother's pregnancy are an ordinary experienced strong skin pigmentation, struggled with receiving milk other () The program of the contracted any illnesses? The mother's pregnancy are mother's	Relation() Relation() Relation() Height: Chest Size: Head Size: Go Go Go Go Go Go Go G	Relation() Relation() Relation() S. Have you ever felt you child bends too easily making them hard to hold? (No Height: Chest Size: Head Size: g cm

Name of Medical Institution:

Name of Attending Physician:

0 0 0		4	-Мо	nth-C	Old	Heal	lth C	hec	kup	Qι	ıesti	onr	naire	9						
*Please complete	he questions on this	orm, and then unde	ergo the l	health examir	nation.	Please do r	not forget t	o bring yo	ur mater	nity hea	Ith record	d book or	the day	of the ex	am)		(Co	opy fo	r Otsi	u Cit
Child's Name (with	Furigana)									Curre	ent Sta	ate of	Moth	er an	d Chi	ld				
		Year I	Month	Day N	и· F	1. Does yo	our child's	head wo	bble wh	en crad	ling them	horizor	ntally in	your arm	ıs?	(No ·	Yes))		
	(How many child)			2. When lyi	ing on their	stomach,	do they	suppor	t					2013	0	3		
Address:						their b	ody with t	heir elbov	ws and I	ft their	head up	?					· No)			
		Phone N	Number:			3. Can the	y hold the	ir hands	togethe	r in fro	nt of the	m when	they pla	y?		(Yes	• No))		
Parent/Guardian #	1:	Parent/Guar	rdian #2:			4. Have yo	ou ever fel	t that the	eir body	was to	o soft an	d loose	?			(No ·	Yes))		
	Relation()	R	elation()	5. Have yo	ou ever fel	t you chi	ld bend	too ea	asily mak	ing then	hard to	hold?		(No ·	Yes))		
At Weight:	Height:	Chest Size:	Н	lead Size:		6. When y	ou hand th	nem a toy	, can th	ey hold	it with e	ither ha	nd?			(Yes	• No))		
birth	g	cm	cm		cm	7. Have you e	ver thought the	look in their	eyes was st	range, or ti	nat they do n	ot follow obj	ects with the	ir eyes?		(No ·	Yes))		
At						B. When y	ou cuddle	your chil	d, do th	ey mak	e noises	and smi	le?			(Yes	• No))		
1 month	g	cm	cm		cm	9. Does yo	our child m	ake noise	es?							(Yes	• No))		
A. About the m	other's pregnanc	/				10. Circad	dian Rhyth	m (please	e fill in h	ow ma	ny hours	your ch	ild sleep	s per da	y)					
•No issues						0			6			12	2			18				24
·Issues: an	emia, threatened r	niscarriage/pren	nature b	oirth, PIH,																
dial	etes, thyroid issues	, infectious diseas	se, other	-())	11. What	is your ch	ild's curre	ent daily	nutriti	on? Mo	other's r	nilk:() time	s Bab	y Formula	a: 1 day(() ml	П
 B. About childb 	irth					12. Do yo	u have an	y concerr	ns regar	ding br	eastfeedi	ng and l	oaby foo	d?		(No ·	Yes))		
·At how ma	ny weeks was the	child born? (v	veeks)		13. If you	answered	"Yes" o	n the pr	evious	question	, please	tell us w	hy:						
· Condition: No	mal Childbirth, Prema	ture Birth, C-section	on, Breed	h Birth,																
V	acuum Delivery, For	ceps Delivery, oth	her ()	14. How o	often does	the moth	ner eat l	oreakfa	st per we	eek?		I	n 1 wee	k: () times	s	
	Within Shiga • (cture)			15. Do yo	u find chil	d raising	to be ch	allengi	ng?			(1. A	dl the ti	me 2. S	ometim	nes 3.	Never	-)
() Hospital • Clinic • E	loctor's Office • Mater	mity Hosp	oital, Home		16. If you	answered	"1. All ti	he time	or "2.	Sometin	nes" on	the prev	ious que	stion					
D. Condition of	Child Upon Birth						hen do yo													
•No issues																				
•Issues: Un	derwent oxygen the	rapy, entered an i	incubator	r		2 Do	you have a	solution f	or your c	oncerns,	such as s	omewher	e/someon	e you car	consult	(Yes	• No))		
expe	ienced strong skin pigm	entation, struggled w	vith receiv	ring milk		17. How o	does the m	nother fee	el physic	ally an	d mental	ly?				(Norma	ıl • No	ot good	.)	
of	her()			For th	ose who a	inswered	"Not go	od," w	hy do yo	u feel th	is way?							
E. Has your chi	d contracted any	illnesses?																		
•No	•Yes					18. In the	past mon	th, have	you felt	very in	itated or	depres	sed?			(No ·	Yes))		
F. Newborn Ch	ld Hearing Test																			
•Right Ear (Norm	I • Re-examination needer	i) Left Ear (Normal • F	Re-examina	ation needed)		19. Did you	u receive ad	lequate car	re and sup	port fro	m public h	ealth nurs	ses, etc. di	uring the	one mont	h				
·Child has r	ot undergone the	test yet				period :	after giving	birth and b	eing relea	sed fron	the hosp	ital?	(1.)	res 2.	No 3.	So-so)				
∦ If re−exa	mination is needed	l: Result()																
	Month-Old Health Che		no month	ofter	ī	20. Do yo	u want to	continue	raising	your ch	ild in the	area y	ou currer	ntly resid	de?	(Yes	· No))		
examination to the Consultation Center You may also be ask	Otsu Mother and Child	Health Division, as of your child and y	well as Su yourself by	ukoyaka Healt y Sukoyaka	th I	21. If you ha	ave any other	concerns re	egarding yo	ur child, t	he mother,	or anything	else you w	ould like to	discuss, p	lease write	them here	c		

< Important >

- ① Please fill in the 7 digit number listed in your "Akachan Techo" (赤ちゃん手帳/Baby Health Record Book)
- ② For those that live at multiple addresses, please also enter a phone number you can be reached at.
- ③ Please reference the "State of Childbirth" (出産の状態) and "1-Month Old Health Checkup" (1か月健診) pages of the maternity health record book.
- ④ Please reference the "Newly Born Child" (早期新生児期) page of the maternity health record book.
- (5) When filling in the "Current State of Mother and Child" section, please reference the third page of the "Akachan Techo"
- ⑥ If your examination result was "パス pass," circle "正常" (normal). If your result was "ファー refer," circle "要再検" (re-examination necessary)

The 4-Month-Old Health Checkup Questionnaire is an important record of your child's health. Make sure to take the copy you are given (the "本人控"), and paste it in your maternity health record book (母子健康手帳). It will be necessary for when your child undergoes the 10-Month-Old Health Checkup (10か月児健診).