

膳食部 337 S Monroe st San Jose CA 95128 TEL: 650-938-5888/408-326-2158 Fax :408-273-6304 E-Mail:isan888@isanhouse.com www.isanhouse.com

Health Consultation Questionnaire健康管理諮詢表

姓	名 NA	名 NAME:			生日DOB:			
客戶	⁵地址Ad	ldress :						
電				Cell :				
電子	₹郵件 E-	- Mail :						
個人	、健康及飽	飲食習慣諮詢 / 🛚	Individual health	and diet histo	ry:			
	1.	我不吃/IDON	NOT EAT :					
		肉類/Meat	□雞肉/Chicken	豬肉	I/Pork	牛肉/Beef	□羊肉/Goat	鵪鶉
		/Quail	豬腳/ Pork Fe	eet				
		海鮮Seafood	全魚/ Fish (w	vith Bone) 魚片	/Fish File	et 海參/Sea Cuc	cumber	
		貝類/Shellfish	蝦/Shrimp	鮑魚/Abalo	ne 淡菜/	Dry Mussel	蛤/Clam	
		內臟Organs	□肝/ Liver 腰 /K	Xidney 肚/	Pork Ston	mach		
		堅果類Nuts	□核桃/walnut	松子/ Pine s	eed花生/	Peanuts 豆類/	Bean	
		蛋/Egg	牛奶類/ Milk	台灣米酒/Ri	ce Wine	中藥/Herbs		
		其他,請列舉/	others, please list					
2. 健康史/Medical History:								
		癌症/Cancer	請註明:			-		
	肝炎/Hepatitis □心臟病/Heart Diseases 糖尿病/Diabetes							
		最高血糖指數/	Current Blood Sug	gar:	體重	重/Weight:		
		**過敏反應/ Allergic: **主要症狀/Cardinal symptoms: 高血壓/High Blood Pressure Current BP/ 血壓指數:						
		是否有使用何種	重藥物Other Medic	cal Conditions:				
		Others:						
		是否有腸胃或消化系統方面問題? 是 / 否						
		Do you have stomach or digesting system problems? Yes No						
		是否有其他急、	、慢性疾病?是否					
		-	any other chronicle	e diseases?	Yes	No		
		If ves, please e	explain					

Special Meal Services 幸福調理餐

	Service item		Price	Price List		
					period	
-	care (Menstrual cycle / Me	enopause)	\$400/weekly	\$400/weekly		
Daily Provide *B: Chicken broth	/egg/rice noodle		\$65/day			
*L/D: Rice / Veget	table		** + Deliver ch			
*Meat(seafood) &	Herb Stew 1 *Herb drink 1 *	Dessert 1	<10miles /\$5 /	trip		
Cancer or Post	t-operative care	\$400/weekly.	\$400/weekly. \$65/day			
Daily Provide	-		** + Deliver ch			
*B: Chicken broth			<10miles /\$5 /			
*L/D: Rice / Veget *Meat(seafood) &	Herb Stew 1 *slow press juic	ce 1 *Dessert 1				
Impregnate &	-	100 100 10 10	\$400/weekly.	\$400/weekly. \$65/day		
Daily Provide	h/ong/utoo moo 10 -		_	** + Deliver charge		
*B: Chicken brot *L/D: Rice / Vege				<10miles /\$5 /trip		
	Herb Stew 1 *slow press ju	uice 1 *Dessert 1		uip		
Miscarriage &	Abortion		\$550/weekly			
Daily Provide			** <10miles free			
*B: Chicken brot *L/D: Rice / Vege			\$2190/4 weeks			
	table Herb Stew 1 * Sesame sou	p 1	free			
*Herb drink 1 *D	Dessert 1					
Signature 貧	资名		Date 日期			
	以下由經辦人員	計算總金	額 FOR STAFF	ONLY		
	Meal Package			\$		
Mileage	Deliver Charge	\$	Xtrip	\$		
			Total Amount	\$		
			Deposit	\$		
			Balance Due	\$		
			Dalalice Due	Ψ		

Order Agreement 訂購合約書

I 本人, _______同意以下之合約 agree below contract terms:

- 1. 所有送餐服務通知·須於清晨4點鐘前來電告知送餐服務·所有客戶送餐時間為星期一至星期六(包括週日餐點)約上午5:00 到上午9:00.實際到達時間需視當日交通狀況而定。無法接受指定時間送餐Inform food deliver service, Please make sure call before 4am, All delivery hours: Monday to Saturday(including Sunday) 5:00AM 9:00AM。 We do not accept any specific requested time delivery
- 2. 通知休餐: 須於下午3點鐘前來電告知

All cancel deliver please make sure call before 3pm,

3. 為保持本公司送餐服務品質,益膳坊要求所有客戶必須簽收餐點,以確保餐點無遺失疑慮。

In order to our delivery quality, we request all customer need to signature when meal arrive.

如取消按鈴通知餐點到達服務.或因無人收餐等.餐點置於門外時間過長.造成遺失或品質瑕疵等.本公司無需做任何賠償之責任 Our company will not be responsible for damages, spoilage, or theft of food that has been delivered but in not picked up by the customer in a timely manner. Should a customer request cancellation of doorbell notification, our company will honor the request but it remains the customer responsibility to pick up the delivered food in a timely manner.

- 4. 保存方式:本公司餐點均每日新鮮烹調·為維持餐點品質穩定·所有餐點全部經封膜配置及低溫處理·請於每日收到餐點後·即刻點收並將餐點放入冰箱冷藏室·以保持新鮮。
 - Preservation: our food is prepared fresh daily. In order to maintain freshness of your meal, all of our food packaging has been upgraded to thermal sealing packing system and low-heat process method. Please put your food into the refrigerator immediately after receiving your daily meal in order to maintain freshness.
- 5. 有機月子餐僅提供豬肉/雞肉/野生魚/雜糧米飯為100%有機認證食材。送餐服務期間,所有餐點內容安排,本公司享有所有修改菜 單內容權利
 - According to our company only can provide only for pork/chicken/wild fish/rice 100%certified organic ingredients, our company has the rights to modify the contents of the menu when star food delivery service.
- 6. 所有套裝餐點均謝絕單一點項產品或換餐服務。
 - All meal service are package price. Don't accept change any specified item by requested.

所有內容皆完整且詳實的填寫本人的健康及飲食狀況。如有任何因本人所提供之資料所引發之飲食方面問題‧本人將放棄一切對益膳坊公司 (I-San House, Inc.) 之法律追訴權。 All information is true and complete in providing my health condition and dietary preferences. If there are any complications in result of errors or incompleteness of the above information, I will forfeit my rights to pursue any further legal actions

本人確實了解填寫此訂購合約書·並於完成訂購手續時一併付清費用或訂金。如欲取消調理膳食之服務,請於完成合約14天內通知本公司。 現金及支票付費者·本公司將全數退還訂餐費用·使用刷卡付費者·於退餐時將收取 6%的刷卡手續費。超過14天本公司將收取違約\$100 元·開始送餐服務所有取消訂餐或更改訂餐週期者·則按原價計算所有餐點,包括運費及以取用之贈品費用。開始送餐服務至最後一週者·則無法接受退餐。顧客於訂購調理膳食服務時,健康諮詢表及訂購合約書·內容均經由本公司與顧客同意所製訂·如有任何問題·客方將放棄所有法律追訴權·

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

By completing this agreement with I-San House Inc., I agree to pay all expenses in full or deposit at the time of signing. Cancellation & Refund/Credit Policy: For full refund, cancellation must be made within 14 days after signing contract and before meal service starts. A 6% transaction charge will be applied for credit card refund. Cancel fee \$100 if cancel contact after 14 days. All full price will be changes (including delivery fee & free gift) after the meal service start. No any refund/Due to the last week of meal service starts. I have read and agree to the general and written policies as stated above. I understand that by signing this form I am entering into a legally enforceable agreement with I-San House.

Signature 簽名 Date 日期

Payment Option Form

Name:	
Phone Number:	
Please Select Credit Card:	
MasterCard: Visa:	Check:
Credit Card #:	
Expiration Date:	
Security Code:	_
Name as it appears on the card:	
Payment Details: • All payments will be charged upon enrollment. • The Payment Option Form must be complete. • A \$35.00 handling charge will be assessed for payment is declined, you may be required to make the payment. I have read and agree to the general and by signing this form I am entering into a legally enforce I authorize I-San House to charge my credit card.	ed before enrollment. or declined credit card charges. If a credit card nake a payment by Cashier's Check or Money Order. and written policies as stated above. I understand that
Cardholder Signature:	Date: