



健康管理機構

膳食部

Address: 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

Postpartum Health Consultation Questionnaire

產後健康管理諮詢表

姓 名 NAME : _____ 中文名: _____

生產醫院Hospital : _____ City _____

生產紀錄: 我是第 _____ 胎 this is my _____ baby

我計畫以 Plan to deliver by

☐ 自然產 Naturally

預產期 Due: _____

☐ 剖腹產 Caesarean

剖腹日期 Expected Date: _____

客戶地址 Address : _____

電話號碼 Cell : _____ 緊急連絡電話: _____

電子郵件 E- Mail : _____

個人健康及飲食習慣諮詢 / Individual health and diet history :

1. 我不吃 / I DO NOT EAT :

肉類 Meat 雞肉/Chick 豬肉/Pork 牛肉/Beef 羊肉/Goat 鵪鶉/Quail 豬腳/Pork Feet
海鮮/Seafood 全魚/Fish(with Bone) 魚片/Fish Filet 海參/Sea Cucumber
貝類/Shellfish 蝦/Shrimp 鮑魚/Abalone 淡菜/Dry Mussel 蛤/Clam
內臟 Organs 肝/ Liver 腰/Kidney 肚/ Pork Stomach
堅果類 Nuts 核桃/walnut 松子/ Pine seed 花生/Peanuts 豆類/Bean
蛋/Egg 牛奶類/ Milk 台灣米酒/Rice Wine 中藥/Herbs
其他, 請列舉/others, please list _____

2. 孕期健康史/ pregnancy Medical History:

痔瘡/Hemorrhoids ☐ 妊娠水腫/Edema ☐ 妊娠糖尿/Diabetes 糖尿病/Diabetes 最高血糖指數/ Current Blood Sugar: _____
體重/ Weight: _____
過敏反應/Allergic : _____
主要症狀/Cardinal symptoms: _____
高血壓/High Blood Pressure 血壓指數/Current BP: _____
是否有使用何種藥物/Other Medical 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

Do you have any other chronicle diseases? Yes No

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Postpartum food 產後調理

Regular package 藥膳月子膳食	Price	訂購期間 order period	Amount
30 days package <small>28 days package (free gift: 2 days meal, red dates tea bags)</small>	\$2399/28+2		Deposit \$1000
40 days Package <small>38 days package (free gift: 2 days meal, Du-Chung tea bags)</small>	\$3140/38+2		Deposit \$1000
Regular	\$95/day		
Regular	\$630/weekly		
Organic meal package 有機藥膳月子膳食			
30 days package <small>28 days package (free gift: 2 days meal, red dates tea bags)</small>	\$2799/28+2		Deposit \$1000
40 days Package <small>38 days package (free gift: 2 days meal, Du-Chung tea bags)</small>	\$3610/38+2		Deposit \$1000
Organic	\$115/day		
Organic	\$780/weekly		
Tip & Service Fee - \$1/day (Mandatory)			
Tip & Service Optional fee	\$3/day	\$5/day	Other \$
FOR OFFICE ONLY 以下由經辦人員計算總金額			
Mileage	Rate	X Trip	Amount
<ul style="list-style-type: none"> Delivery- You may be charged or refund the delivery fee by any reschedule delivery. The extra fees or refund will be calculated when the service finishes. 運費計算:本公司於送餐結束時，將按實際送餐次數計算，多退少補 			
Payment option <ul style="list-style-type: none"> Cash Check Zelle / Quick Pay Credit Card - Visa and Master American Express (There is 6% Credit Card Service charge will be added) 			

簽名 Signature

日期 Date

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Order Agreement 訂購合約書

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

1. 送餐通知: 請打 650-938-5888, 並請告知產婦姓名, 生產醫院, 聯絡電話和病房號碼

Request delivery service: Please call 650-938-5888 and confirm with mom's name, delivery hospital, phone number and room number.

通知休餐: 須於下午3點鐘前來電告知 All re-schedule deliver, please notice customer service before 3pm,

2. 當日送餐服務通知: 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

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. 所有套餐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.
7. **All contract discount prices are guaranteed and not accept any changes. If the contract has any re-arrangement or cancel, the company will calculate all costs based on the new adjusted price.** 此合約折扣價格於公司新價格調整期, 為保證價格。所以此合約恕不接受任何變動。一旦有任何更新, 本公司將按新調整價格計算所有費用

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 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。

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. Cancel fee \$100 if cancel contact after 14 days. **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.** 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。現金及支票付款者, 本公司將全數退還訂餐費用。訂餐超過14天尚未開始服務之退餐者本公司將收取手續費\$100元。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。

Signature 簽名

Date 日期

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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:

- Credit Card payment – Visa and Master American Express (There is 6% Credit Card Service charge will be added)
- All payments will be charged upon enrollment.
- The Payment Option Form must be completed before enrollment.
- A \$35.00 handling charge will be assessed for declined credit card charges. If a credit card payment is declined, you may be required to make a payment by Cashier's Check or Money Order.

Authorization: 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. I authorize I-San House to charge my credit card.

Cardholder Signature: _____ **Date:** _____