



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](http://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: \_\_\_\_\_ 先生連絡電話: \_\_\_\_\_ 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 鵝鶉/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

藥膳月子膳食 Regular package	訂價 Price	訂購期間 order period	付款方式 payment
藥膳月子餐	\$2190/28days		訂金 Deposit \$1000
頂級藥膳月子餐	\$2880/38days		訂金 Deposit \$1000
藥膳月子餐 Regular	\$600/weekly		訂餐一次付清
藥膳月子餐 Regular	\$95/day		訂餐一次付清
<b>有機藥膳月子膳食 / Organic meal package</b>			
有機藥膳月子餐	\$2680/28days		訂金 Deposit \$1000
頂級有機藥膳月子餐-	\$3420/38day		訂金 Deposit \$1000
有機藥膳月子餐 Organic	\$735/weekly	\$115/day	訂餐一次付清
4週藥膳月子餐 / Frozen Regular meal – self pick up package 每日提供: 3份藥膳燉盅(包括麻油湯品) / 1份月子飲		\$2080/4 weeks	訂餐一次付清
4週有機藥膳月子餐/ Frozen Organic meal – self pick up package 每日提供: 3份藥膳燉盅(包括麻油湯品) / 1份月子飲		\$2500/4 weeks	
<b>訂購訂購事項</b> 一次訂購藥膳月子餐-28天(贈送2天餐點, 產前養肝茶袋) 一次訂購頂級藥膳月子餐-38天(贈送2天餐點, 產前養肝茶袋, 產後飲7杯, 通乳檢查門診一次30分鐘*) 所有餐點皆屬套裝! 恕不接受指定改餐! **所有尾款於服務開始一周內自動收取! 尾款付支票請通知客服安排司機收取!			
<b>簽名 Signature</b>		<b>日期 Date</b>	
<b>以下由經辦人員計算總金額 FOR OFFICE ONLY</b>			
Mileage	Meal Package		\$
	Deliver Charge \$	X _____ trip	\$
		<b>Total Amount</b>	\$
		<b>Deposit</b>	\$
		<b>Balance Due</b>	\$
	養肝茶袋 _____ / 產後飲7杯 _____ / 通乳門診 _____		

# 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 mother'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.  
如取消鈴聲通知餐點到達服務, 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. 凡一次訂購月子餐服務享有任何優惠與禮品, 若因更改合約如縮短訂購期或退餐者, 除餐點與運費將根據天數重新計費, 所領取的贈品或使用的門診亦須按原價計費 ( 養肝茶袋/\$20 通乳門診/\$60 7杯產後飲/\$70 ) All obtain free gifts will be charged for full price. If you either change or cancel full contract (Dates tea bags/\$20 30 mins Treatment /\$80 Herbs drink/\$70

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, 所有刷卡付費者, 於退餐時需收取 6% 的銀行刷卡手續費。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, 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費用 (包括運費及以取用之贈品費用)。送餐服務至最後一週則無法接受退餐。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

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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:

- 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: \_\_\_\_\_