



健康管理機構

膳食部 Address: 903 E. El Camino Real Mountain View, CA 94040 TEL: (650) 938-5888 Fax : (408)273-6304
E-Mail: isan888@isanhouse.com www.isanhouse.com

Health Consultation Questionnaire 健康管理諮詢表

姓名 NAME : _____ 生日 DOB: _____

客戶地址 Address : _____

電話 Telephone: _____ Cell : _____

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 :

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 雞肉/Chicken | <input type="checkbox"/> 豬肉/Pork | <input type="checkbox"/> 牛肉/Beef | <input type="checkbox"/> 羊肉/Goat |
| <input type="checkbox"/> 全魚 (帶魚骨) / Whole Fish (with Bone) | <input type="checkbox"/> 魚片/Fish Filet | <input type="checkbox"/> 貝類 / Shellfish | |
| <input type="checkbox"/> 內臟 /Organs | <input type="checkbox"/> 鵪鶉/Quail | <input type="checkbox"/> 堅果類/Nuts | <input type="checkbox"/> 中藥材 / Chinese Medicine |
| <input type="checkbox"/> 花生/Peanuts | <input type="checkbox"/> 豆類/Bean | <input type="checkbox"/> 蛋/Egg | <input type="checkbox"/> 牛奶類/ Milk |

其他, 請列舉 / others, please list

2. 是否可接受食物中添加台灣米酒? 是 / 否

Are you acceptable to food cooked with alcohols? Yes No

3. 是否有心臟或血管方面疾病? 是 / 否

Do you have any heart problems or related diseases? Yes No

高血壓 / Hypertension 是 / 否 Yes No Current BP/ 血壓指數: _____

4. 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

5. 是否有糖尿病方面疾病? 是 / 否

Do you have any Diabetes problems or related diseases? Yes No

Family History of Diabetics/ 家族病史: Yes No (grandpa/grandma, parents, brother, sister)

Current Blood Sugar/ 最高血糖指數: _____

Cardinal symptoms/ 主要症狀: _____ Current Weight / 現在體重: _____

5. 是否有其他急、慢性疾病? 是 否

Do you have any other chronicle diseases? Yes No If yes, please explain _____

6. 是否有使用何種藥物? 是 否

Do you have taken any other prescription medication? Yes No If yes, please explain _____

請至下列服務項目填寫完整個人資料 Please select the service required to complete the personal information

1. Postpartum Service 月子膳食:

生產醫院 Hospital : _____ City _____

生產記錄 我是第 _____ 胎 This is my/ baby

我計劃以 I plan to deliver by: 自然產 Naturally 預產期 Due Date : _____
 剖腹產 Caesarean 剖腹日期 Expected Date : _____
 餵母乳 Breast feed 配方乳 Formula feed

Do you have any of the following medical conditions listed below?

- 痔瘡 / Hemorrhoids 妊娠水腫 / Pregnancy Edema
 其 他 / Others

2. Miscarriage 小產養護:

3. 仕女經期調理:

Do you have any of the following medical conditions listed below?

- 痛 經 / Dysmenorrheal 其 他 / others
 自然流產及流產週數 / Miscarriage weeks? _____
 墮胎手術 / Abortion
 宮腔負壓相吸手術 / uterine surgery
 藥物流產法 / Medication

4. 術後調理:

Do you have any of the following medical conditions listed below

- 子宮摘除 / Hysterectomy 盜 汗 / Sweating
 卵巢切除 / Ovariectomy 貧 血 / Anemia
 潮 熱 / Hot flash

5. 溫馨養胎:

生產紀錄 我是第 _____ 胎 This is my/ baby

懷孕週數 : _____ 預產期 Due Date : _____

Do you have any of the following medical conditions listed below?

- 痔瘡 / Hemorrhoids 妊娠水腫 / Pregnancy edema
 其 他 / others

以上所列各項問題，均由本人、與益膳坊工作人員共同完成。所有內容皆完整且詳實的反映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。

The above information is provided by me with the assistance of the staff of I-San House. 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.

Signature 簽名

Date 日期



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Order Agreement 訂購合約書

姓名 NAME : _____

客戶地址 Address : _____

電話 Telephone: _____ Cell : _____

電子郵件 E-Mail : _____

同意書:

本人_____同意以下之合約：

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，如欲取消調理膳食之服務，請於完成合約14天前通知本公司。現金及支票付費者，本公司將全數退還訂餐費用，但訂餐費用刷卡付費者，本公司於退餐時需收取4%的刷卡公司手續費。凡取消訂餐通知超過14天時間者，本公司將收取手續費 \$100元。若開始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.

When sign up and complete this agreement with I-San House Inc., I'll be pay off all expenses as a deposit.

Cancellation & Refund/Credit Policy: Cancellations must be made before 14 days for a full refund of fees. Once a session has begun, fees will be pro-rated as of the week following the refund or credit request. A \$100.00 processing fee will be charged for cancellations after the session starts.

No refunds will be issued for cancellations during the final week of a session.

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

預付訂金

付款日期

支票號碼

餘款



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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 \$25.00 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: _____