

## Health Questionnaires 健康問卷

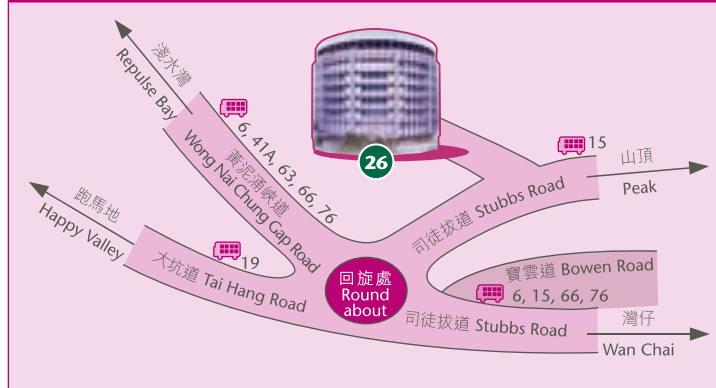
### During this pregnancy 於這次懷孕期間：

1. Do you smoke?  Yes  No  
你有否吸煙？ 有 否
2. Do you drink alcohol?  Yes  No  
你有否飲用酒精類飲品？ 有 否
3. Do you visit any doctor for consulting your current medical condition?  
你是否因任何病症而需要覆診？  
 Yes, Please specify: 如是，請列出：  
\_\_\_\_\_  
 No 否
4. Are you allergic to any food or drug?  
If YES, please mention the details.  
你是否對食物或藥物敏感？  
 Yes, Please specify: 如是，請詳細列出：  
\_\_\_\_\_  
 No 否
5. Do you have any history of bleeding or abdominal pain during pregnancy?  
你是否曾經有流血或腹痛癢狀？  
 Yes 是  No 否
6. Do you have any back or spine injury?  
你是否曾經有背痛或任何脊骨受傷？  
 Yes 是  No 否  
If YES, do you have follow-up in doctor/ physiotherapy clinic?  
如是，是否正在往醫生或物理治療處覆診？  
 Yes 是  No 否
7. Do you have any medical condition that prevents you from exercises?  
你是否因任何病症而不適宜做運動？  
 Yes 是  No 否

All personal data collected will be used for our Prepared Childbirth Class only. Such data will help us to understand your health condition and thereby provide you with better care during our exercise sessions.

閣下的個人資料只會用於本院的《產前護理班》。該資料可幫助我們於產前運動環節為閣下提供更恰當的照顧。

## Map 路線圖



### Bus 巴士

- |             |                            |
|-------------|----------------------------|
| 6, 15, 66   | Central Bus Station 中環巴士總站 |
| 76          | Causeway Bay 銅鑼灣           |
| 19, 41A, 63 | North Point 北角             |

### Minibus 專線小巴

- |       |                  |
|-------|------------------|
| 5, 26 | Causeway Bay 銅鑼灣 |
| 24M   | Admiralty 金鐘     |

### Taxi 計程車

Available to and from the front entrance of Hospital  
乘計程車可直達本院大門前

### Parking 停車場

Parking is available for a fee for patients and visitors  
本院設有收費停車場予病人及其家屬使用

Address : 40 Stubbs Road, Hong Kong  
地址：香港司徒拔道40號

Website 網址：www.hkah.org.hk

N-1107

Adventist 港  
Health 安

Hong Kong Adventist Hospital  
香港港安醫院

Prepared Childbirth Class  
產前護理班



Thank you for your interest in our Prepared Childbirth Classes. They are designed to prepare you for labour and delivery, and we encourage your husband (or coach) to attend so that he can better assist you throughout your delivery.

### 4 Sessions

Date: Tuesday or Wednesday  
(Please call 3651-8979 for schedule)

Time: 7 - 9 p.m.  
(Please come 10 minutes earlier on the first section)

Venue: 1B Seminar Room, 1/F., La Rue Bldg.

Price: HK\$2,000 / couple  
(Course fee paid is non-refundable & non-transferrable)

To join our classes, please complete the Registration Form and either send it to Hong Kong Adventist Hospital (Re: Prepared Childbirth Class, 1C, La Rue Building, Education Department), 40 Stubbs Rd., Hong Kong or fax it to 3651-8978.

Upon receipt of your registration form, we will send you our confirmation letter.

We look forward to getting acquainted and helping you have a wonderful birth experience.

For enquires - Telephone: 3651-8979  
Website: [www.hkah.org.hk](http://www.hkah.org.hk)

### Program Contents

- Nutrition
- Physical & Psychological Changes after Pregnancy
- Discomforts of Pregnancy
- Prenatal Exercises & Breathing Techniques
- Mechanism and Stages of Labour
- Alternatives for Pain Relief
- Forceps and Ventouse Delivery, Cesarean Section
- Unit Tour
- Care of Newborn & Breastfeeding

感謝 閣下有興趣參加本院舉辦之產前護理班。護理班的設計目的是協助 閣下為分娩前後作好準備。我們鼓勵準父親一同參與以使其於 閣下產程期間給予支持。

### 課程四堂

日期：星期二或星期三  
(請致電3651-8979查詢)

時間：晚上七時至九時  
(第一堂請於十分鐘前到達)

地點：港安大廈1樓B研討室

費用：HK\$2,000/ 夫婦  
(所繳付之費用將不獲退還或轉讓)

請將填妥之表格寄往：香港司徒拔道40號香港港安醫院（註明：產前護理班，港安大廈1C培訓部）或傳真至3651-8978。

當收到 閣下的報名表格後，本院會寄上確認信。

查詢詳情請致電：

電話：3651-8979

網址：[www.hkah.org.hk](http://www.hkah.org.hk)

### 課程內容

- 營養學
- 孕後生理和心理的變化
- 懷孕期間常見不適現象
- 產前運動及分娩呼吸技巧
- 產兆及自然分娩過程
- 分娩期間的各類止痛方法
- 輔助及手術分娩
- 產房參觀
- 初生嬰兒日常護理及母乳餵飼

## Hong Kong Adventist Hospital Prepared Childbirth Class Registration Form

香港港安醫院  
“產前護理班”報名表格

Name (Wife)

姓名(妻子)： \_\_\_\_\_  
Family Name 姓      Given Names 名

Name (Husband)

姓名(丈夫)： \_\_\_\_\_  
Family Name 姓      Given Names 名

Address

地址： \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home)

電話(住宅)： \_\_\_\_\_

Mobile phone

手提電話： \_\_\_\_\_

Telephone (Office)

電話(辦公室)： \_\_\_\_\_

Fax

傳真： \_\_\_\_\_

Occupation

職業： \_\_\_\_\_

Age

年齡： \_\_\_\_\_

Email

電郵： \_\_\_\_\_

Expected Date of Delivery

預產期： \_\_\_\_\_

Doctor

醫生： \_\_\_\_\_

Number of Pregnancy

胎次： \_\_\_\_\_

Where you plan to deliver your baby (Hospital)?

計劃在哪醫院生產？  
\_\_\_\_\_

Which month's childbirth class do you desire?

您想參加哪月份的講座？  
\_\_\_\_\_

Please  Language      English

請  語言：      粵語

Please kindly fill in the "Health Questionnaires" at the back of this page. Thank you!  
請填妥報名表格背面之「健康問卷」。謝謝！

