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| **西濃地域　患者基礎情報用紙** | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和     年     月     日　記入 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ﾌﾘｶﾞﾅ | | |  | | | | | | | | | | 生年  月日 | | | | | 年      月      日（     歳） | | | | | | | | | | | | TEL | | |  | |
| 氏名 | | | 様 | | | | | | | | | | 性別 | | | | |  | | 住所 | |  | | | | | | | | | | | | |
| 主保険 | | |  | | | | | () | | | | | | | 公費負担 | | | | |  | 手　帳 | | | |  | | |  | | 級 | | | 部位： | |
| 入院日 | | | H     年     月     日 | | | | | | | | | 入院科 | | | | |  | | | | 入院病棟 | | | | |  | | | | | | 主治医 | |  |
| RH | ｛PTOTST（     /     ～）｝ | | | | | | | | | | | | | | | | | | | | 副科 | |  | | | | | | 年金 | | （約     万円/月） | | | |
| 病　　　　名 |  | | | | | | | | |  | | | | | | | | | | | 家族構成 | | | | | 独居高齢世帯同居昼間独居 | | | | | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| かかりつけ | | | |  | | | | | 病院・医院名（     ） | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | 疾患名（     ） | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 介護保険 | | 認定 | | |  | | | | | 介護度 | | | |  | | | | | | |  | | | | | | | | | | | | | |
|  | | 居宅事業所名 | | | | |  | | | | | | | | | | | | | | ｷｰﾊﾟｰｿﾝ | | | 氏名（     さん）　続柄（     ） | | | | | | | | | | |
|  | | 担当者 | | | | さん | | | | | TEL | | | | |  | | | | |  | | | 連絡先　（     ） | | | | | | | | | | |
| 既往歴 | |  | | | | | | | | | | | | | | | | | 入院前の  生活歴 | |  | | | | | | | | | | | | | |
| 入院までの経過 | |  | | | | | | | | | | | | | | | | | 入院中の経過 | |  | | | | | | | | | | | | | |

【医療・看護・介護の状況】

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 特殊  医療 |  | 人工透析　気管切開　ﾄﾞﾚﾅｰｼﾞ　ｽﾄｰﾏ　酸素（     L）（VM経鼻）　ﾚｽﾋﾟﾚｰﾀｰ管理  ｲﾝｼｭﾘﾝ（     ）　吸痰（     ）　吸入（     ）　末梢　CV（ﾎﾟｰﾄ有無）　その他（     ） | | | | | | | | | | | | | | | | |
| 麻痺 | |  |  | | | 感染症 |  | |  | | | | | | | | | |
| 拘縮 | |  |  | | | 褥　瘡 | 部位 | |  | | | | | | | | | |
| 言語障害 | |  |  | | |  | 状況 | |  | | | | | | | | | |
| 視覚障害 | |  |  | | |  | 処置 | |  | | | | | | | | | |
| 聴覚障害 | |  | 難聴 | | | 体　格 | 身長      cm | | | | | 体重      kg | | | | | | |
| 嚥下障害 | |  |  | | | RH意欲 |  | |  | | | | | | | | | |
| 認知症 | |  | | HDS-R　　/30点（　　/　　時点） | | 保　清 |  | | | | 更衣 | | |  | | | | |
| 意思疎通 | |  | |  | | 移　動 |  | | | | 移　乗 | | |  | | | | |
| 精神症状 | |  | | | | 立　位 |  | | | | 座　位 | | |  | | | | |
| 食　事 | |  | |  | （食事内容：     ） | | | | 食事量 | | % | | | | 食欲 | |  | |
| 排　泄 | |  | | | | | | | | 尿意 | | |  | | | 便意 | |  |
| Faの関わり | |  | | | | 部屋希望 | | 個室　大部屋　どちらでも良い | | | | | | | | | | |
| 転院目的 | | リハビリ　療養　その他 | | | | | | | | | | | | | | | | |
| その他 | |  | | | | | | | | | | | | | | | | |

**送信元：**