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| 作成担当者：  新予防給付・総合事業　利用者基本情報 | | | | | | |  | | | |
| 相 談 日 | | | 平成　　年　　月　　日(　　) | | | | | | | | | | | | 来　所・電　話 | | | | | | | | | | | | | 初　回 | | | | | | | | | |
| その他(　　　　　) | | | | | | | | | | | | | 再来（前 | | | | | (　　　/　　　) | | | | |
| 本人の  現況 | | | 在宅・入院又は入所中（ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | ） |  | |
| フリガナ | | |  | | | | | | | | | 男・女 | | | | Ｍ・Ｔ・Ｓ | | | | | | 年　　月　　日生(　　)歳 | | | | | | | | | | | | | | | |
| 本人氏名 | | |
| 住　　所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Tel | | | - | | | | | |
| 日常生活  自立度 | | | 障害自立度 | | |  | | | | | 障害等  認定 | | | | | | 身障( ) 療育( ) 精神( ) 難病( ) | | | | | | | | | | | | | | | | | | | | |
| 認知症自立度 | | |  | | | | |
| 認定・総合事業情報 | | | 非該当・要支１・要支２・要介１・要介２・要介３・要介４・要介５ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有効期限： | | H　　年　　月　　日 ～ H　　年　　月　　日 | | | | | | | | | | | | | | | | | | (前回の介護度 | | | | | | | |  | | | | | | ) |
| 基本チェックリスト　事業対象者の該当：あり・なし　　記入日：　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 本人の  住居環境 | | | 自宅・借家・一戸建て・集合住宅・自室の有無（ | | | | | | | | | | | | | | | |  | | | | | | ）階、 | 住宅改修の有無 | | | | | | | | | | | |
| 経済状況 | | | 国民年金・厚生年金・障害年金・生活保護・・・ | | | | | | | | | | | | | | | | | 家族構成 | | | | | | | | | | | | | | | | | |
| 来所者  (相談者) | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 住所  連絡先 | | |  | | | | | | | | | | 続柄 | | | |  | | |
| 緊急連絡先  (親族含む) | | | 氏　名 | | | | | 続柄 | | 住所・連絡先 | | | | | | | | | |
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| 今までの生活 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現在の生活状況  (どんな暮らしを送っているか) | | | | 1日の生活・すごし方 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 趣味・楽しみ・特技 | | | | | | | | | | | | | | | | | 友人・地域との関係 | | | | | | | | | | | | | | | | |
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| 年月日 | | | | 病名 | | | 医療機関・医師名  (主治医・意見作成者に☆) | | | | | | | | | | | | | | | | | 経過 | | | | | | 治療中の場合は内容 | | | | | | | |
| 年　　月　　日 | | | |  | | |  | | | | | | |  | | | | Tel | | | | | |  | | | | | |  | | | | | | | |
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| 年　　月　　日 | | | |  | | |  | | | | | | |  | | | | Tel | | | | | |  | | | | | |  | | | | | | | |
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| 年　　月　　日 | | | |  | | |  | | | | | | |  | | | | Tel | | | | | |  | | | | | |  | | | | | | | |
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|  |  | 公的サービス | | | | | | | | | | | | | | | | 非公的サービス | | | | | | | | | | | | | | | | | | | |
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様式４