**要介護認定訪問調査連絡票**

受付者

この用紙は、事前に本人の様子を知り、調査員・日程を決めるためと、その日程を家族・施設に

連絡する等、重要な資料となりますので必ず認定申請書と一緒に提出願います。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申請区分 |  | | | | | | | | →過去の申請 | | | | | | | | | ＜支援＞　　　　　　　 　＜介護＞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | 現在の  要介護  認　定 | | | | | | | | ＜支援＞ | | | | | | | | | | | | | | | | | ＜介護＞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | 期 間 | | | | |  | | | | | | | | | | | | | | | | | | | | ～ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | 年 | | | |  | | | | 月 | |  | | | | 日 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | （満 | | | |  | | | | | | | 歳） | | | | | | |
| 被保険者番号 | | | | | |  | | | | | | | | | | | | | | | | | | | | 自宅電話番号 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当ケアマネジャー | | | | | |  | | | | | | | | | | | | | | | | | | | | 連絡先電話番号 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人の状況 | ｱ．入所・入院の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | （嘱託区名 | | | | | | |  | | | | | | | | | | | | ） | | |  | | | | | | | | | | | | |  | | 施設・病院名 | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |
| ※地域サロン等の利用： | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ｲ．世帯状況 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | （続柄 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | ） | | | | | | | |
| ｳ．認知症状 | | | | | |  | | | | | | | | | | | | | | | | | | | | | （　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ｴ．意思の疎通（面接時の応答） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 調査日程調整 | ｵ．調査時の家族・親族等の同席 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ｶ．同席者の連絡先　（日中に日程調整の連絡をしますので、連絡がつく電話番号を記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ➊ 氏名（ | | | |  | | | | | | | | | | | ） 続柄（ | | | |  | | | | | | | ） 住所（ | | |  | | | | | | | | | | | | | | | | | ） TEL（ | | | | |  | | | | | | | | | | | | | | | | | ） | | | |
| ❷ 氏名（ | | | |  | | | | | | | | | | | ） 続柄（ | | | |  | | | | | | | ） 住所（ | | |  | | | | | | | | | | | | | | | | | ） TEL（ | | | | |  | | | | | | | | | | | | | | | | | ） | | | |
| 🔶キーパーソン ： 氏名( | | | | | | | | | | | | |  | | | | | | | | | | | | | | | ) 続柄( | | | | | | | | |  | | | | | | | | | | | | | | | | ) TEL( | | |  | | | | | | | | | | | | | | ) | |
| ｷ．本人の都合が悪い日 （病院の受診日など…） 、時間帯に×をつけてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 月 | 火 | | 水 | | 木 | | 金 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 午前 | |  |  | |  | |  | |  | | |
| 午後 | |  |  | |  | |  | |  | | |
| 更新・区分変更の方 | ｸ．デイサービス、  訪問看護等  の利用 | | | | | | | | 事業所名（ | | | | | | | |  | | | | | | | | | | | | | | | | ） TEL（ | | | | | | | | |  | | | | | | | | | ) 利用日( | | | | | | |  | | | | | | | | | | | | | | ) |
| 事業所名（ | | | | | | | |  | | | | | | | | | | | | | | | | ） TEL（ | | | | | | | | |  | | | | | | | | | ） 利用日（ | | | | | | |  | | | | | | | | | | | | | | ) |
| 事業所名（ | | | | | | | |  | | | | | | | | | | | | | | | | ） TEL（ | | | | | | | | |  | | | | | | | | | ） 利用日（ | | | | | | |  | | | | | | | | | | | | | | ） |
| ｹ．住宅改修の有無 | | | | | | | | | | ① 過去に | | | | | | | | | | | | | | | | | | | ( | | |  | | | | | | | | | 年 | |  | | | | 月 |  | | | | | 日改修) | | | | | |  | | | | | | | | | | | |
| ② 今後の住宅改修希望 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ｺ．福祉用具貸与の有無 | | | | | | | | | | | | |  | | | | | | | ( | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ) |  | | | | | | | | | |
| 新規申請の方 | | ｻ．介護が必要となった原因　（**新規申請のみ**回答ください） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 備　考 | | ★現在（直近１ヵ月）のご本人の状態をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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御 船 町