**利用者基本情報（表面）**

**作成担当者：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 《基本情報》 | | ＮＯ． | | |  | | | | | | | | | | | | | | | | | | | | | | | 作成日 | | | | | | 令和 | | | | | | |  | | | | | | 年 | | | | | | | | | |  | | | | | 月 | | | | | |  | | | | | 日 | |
| 相　談　日 | | 令和 |  | 年 | |  | | | 月 |  | | 日 | | | ( | | |  | | | | ) | | | | | | 来　所　　電　話  　その他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 初　回  　　再　来 | | | | | | | | | | | | | | | | |
| 相談者（ | | | | | | |  | | | | | | | | | | | | | | | | ） | | | | | | | 前回（ | | | | | |  | | 月 | | | | |  | | 日） | |
| 続　柄（ | | | | | | |  | | | | | | | | | | | | | | | | ） | | | | | | |  | | | | | | | | | | | | | | | | |
| 本人の現況 | | 在宅　　　入院中　　　入所中 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 状況（ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） | |
| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | 男 | | | | | | | | M  　T  　S | | | | | |  | | | | | | | 年 | | | |  | | | | | | 月 | | | |  | | | | | | 日生（ | | | | |  | | )歳 | | |
| 本人氏名 | |  | | | | | | | | | | | | | | | | | | | | | | 女 | | | | | | | |
| 住　　所 | | 神戸市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＴＥＬ | | | | | | |  | | | | | | | | （ | | |  | | | | ） | |  | | | | | |
| 携　帯 | | | | | | |  | | | | | | | | （ | | |  | | | | ） | |  | | | | | |
| ＦＡＸ | | | | | | |  | | | | | | | | （ | | |  | | | | ） | |  | | | | | |
| 日常生活  自立度 | | 障害高齢者の日常生活自立度 | | | | | | | | | | | | | | | | | | | | | | | | 自立　J1　J2　A1　A2　B1　B2　 C1　C2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認知症高齢者の日常生活自立度 | | | | | | | | | | | | | | | | | | | | | | | | 自立　Ⅰ　Ⅱa　Ⅱb　Ⅲa　Ⅲb　Ⅳ　Ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有効期間： | | | | | |  | | 年 | | |  | | | | 月 | | | |  | | | | | | | 日～ | | |  | | | | | 年 | | | |  | | | 月 | | |  | | | | 日 | | | (前回の介護度 | | | | | | | | | | | | | |  | | | | | | | ） |
| 介護保険負担割合：（ | | | | | | | | | | | |  | | | | | | | | | ）割 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基本チェックリスト記入結果： | | | | | | | | | | | | | | | | | | | | | 事業対象者　　該当　　非該当 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基本チェックリスト記入日： | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | 年 | | | |  | | | | | | | | 月 | | | |  | | | | | | | 日 | | | | |  | | | | | | | | | | | | | |
| 障害等認定 | | 身障（　　　）　療育（　　　）　精神（　　　）　難病（　　　　）　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人の  住居環境 | 持ち家　　　借家 | | | | | | | | | | | | | | | 一戸建て | | | | | | | | | | | | | | 集合住宅（ | | | | | | | | | | | |  | | | | | | ）階 | | | | | | エレベーター　有　無 | | | | | | | | | | | | | | | | | | | | |
| 自 室　　有　無 | | | | | | | | | | | | | | | 住 宅 改 修　　有　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 経済状況 | 国民年金　　厚生年金　　障害年金　生活保護　　その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　所  連　絡　先 |  | | | | | | | | | | | | | | | | | | **続柄** | | | | | | | |  | | | | | | | | | | | | 家  族  構  成 | | | | | **家　族　構　成**  ◎=本人、○=女性、□=男性  ●■=死亡、☆=キーパーソン  主介護者に「主」  副介護者に「副」  （同居家族は○で囲む） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 緊急連絡先 | 氏名 | | | | | | | | | | 続柄 | | | | | | | | | 住所・連絡先 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **家族関係等の状況** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

**利用者基本情報（裏面）**

**《介護予防に関する事項》**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | 趣味・楽しみ・特技 |
|  | | |  |
| 時間 | 本人 | 介護者・家族 |
|  |  |  |
| 友人・地域との関係 |
|  |

**《病名・既往歴と経過》（新しいものから書く・現在の状況に関連するものは必ず書く）**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 治療中  　経観中  　その他 |  |
|  | 年 |  | 月 |  | 日 |  |  |  | TEL | 治療中  　経観中  　その他 |  |
|  | 年 |  | 月 |  | 日 |  |  |  | TEL | 治療中  　経観中  　その他 |  |
|  | 年 |  | 月 |  | 日 |  |  |  | TEL | 治療中  　経観中  　その他 |  |

**《現在利用しているサービス》**

|  |  |
| --- | --- |
| 公的サービス | 非公的サービス |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| あんしんすこやかセンター（地域包括支援センター）が行う事業の実施に当たり必要があるときは、介護保険サービス事業者、主治医その他本事業の実施に必要な範囲で関係する者に、「利用者基本情報」の提示及び「介護予防サービス･支援計画表」の提供を行うことに同意します。 | | | | | | | | | | | | | |
|  | 令和 |  | 年 |  | 月 |  | 日 | 利用者氏名（自署） |  | | |  | |
|  | 令和 |  | 年 |  | 月 |  | 日 | 利用者氏名（自署） |  | （続柄 |  | | ） |
| ※　利用者氏名代筆の場合は代筆者氏名及び続柄についても必ず記入してください。 | | | | | | | | | | | | | |