第４号様式(第８条関係)　　　　　　　　　　　　　　　　　　(新・再)

(平１９規則４９・平２０規則４２・一部改正・平２４規則４２・一部改正)

要生活支援者台帳

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| 年 月 日調査 | | | | | | | | | | | |  | | | | |  | | | | | 調査員所属 | | | | | |  | | | | | | | | | | |  | | | | | | | | 要介護度 | | | | | |  | | | |  |
| ふりがな  氏 　名 | | | | | |  | | | | | | | | | | | | | | | | | | 男  女 | | | 生年月日 | | | | | | | | | | 明･大･昭 ・ ・ （ 歳） | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | ℡　 － | | | | | | | | | | | | | | | | | | | |
| 住　 所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 民生委員名 | | | | | | | | | | | | ℡ － | | | | | | | | | | | | | | |
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| □在宅 | | | □施設入所  □ | | | | | | | 施設･病院名 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 同　　居 | | | | | | 氏 名 | | | | | | | | | 性別 | | | | 続柄 | | | | | 生年月日 | | | | | | | | | | 年齢 | | | | | | 職業 | | | | | | | | | | 連絡先 | | | | | | |
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| 高齢者夫婦 | | | | | |
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| 独　　居 | | | | | |
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|  | | | | | | 氏 名 | | | | | | | | | | | | | 関 係 | | | | | | | 住 　　 所 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 住居の状況 | | | | | | 所有形態 | | | | | | 1.自家 2.借家 3.その他（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | 専用居室 | | | | | | | | | 有・無（ 畳） | | | | | | | |
| 風呂 | | | 有 ・　無 | | | | | | | | | | トイレ | | | | 和式 ・　洋式 | | | | | | | | | | | | | | | | | 階 | | | | | | | |
| 居住環境 | | | | | | 斜面地区 　・ 　　平地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 駐車場スペース | | | | | | | | | 有・無 |
| 車の通る道路までの距離 | | | | | | | | | | | | | | ｍ | | | | | | | | | 階段の数 | | | | | | | | | 段（急傾斜・緩やか） | | | | | | | | | | | | |
| ＊住居状況の問題点 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 1.国保 2.社保 3.生活保護　4.後期 | | | | | | | | | | | | | | | | | | | | | | | | | | 原爆手帳 | | | | | | | | | 有・無 | | | | 身障手帳 | | | | | | | | | | 有・無 | |
|  | | | | | | ①病院名 　　　　 ℡ － 　　病名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ②病院名 　　　　 ℡ － 　 　 病名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康状態 | | | | | 現病歴 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 既往歴 | | | | | | |  | | | | | | | | | | | | | | | | |
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| 疾病の生活影響 | | | | | | | | | 無　・　 有（ 　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康不安 | | | | | 無・有（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | 精神安定 | | | | | | | | | 安定・不安定（　　　　　　） | | | | | | | | | | | | | | |
| 身体状況  ＡＤＬ | | | | | 寝たきり度 | | | | | | | □自立　□Ｊ1 □Ｊ2 □Ａ1 □Ａ2 　□Ｂ1 □Ｂ2 □Ｃ1□Ｃ2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食事 | | | １自立　２一部介助　３全介助 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 排泄 | | | １自立　２一部介助　３全介助 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入浴 | | | １自立　２一部介助　３全介助 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 着衣 | | | １自立　２一部介助　３全介助 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歩行 | | | １自立　２一部介助　３全介助 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 視力 | | | 1 普通 2 弱視 3 全盲 | | | | | | | | | | | | 聴力 | | | 1 普通 2 やや難聴 3 難聴 | | | | | | | | | | | | | | | | | | | | 言葉 | | | | | | 1 普通 2 やや不自由 3 不自由 | | | | | | | |
| ｺﾐｭﾆｹｰｼｮﾝ | | | | | | | １自立　２やや困難　３困難 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 認知症  症状 | | | | | 認知症基準 | | | | | □自立　 □Ⅰ 　　□Ⅱa 　　□Ⅱb 　□Ⅲa 　　□Ⅲb 　 □Ⅳ　□Ｍ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 無・有（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | 無・有（　　　　　　　　　） | | | | | | | | | | | | | | |
| 攻撃的･自傷行為 | | | | | 無・有（　　　　　　　　　 ） | | | | | | | | | | | | | | | | | | | | | | | 不穏興奮 | | | | | | | | | 無・有（　　　　　　　　　） | | | | | | | | | | | | | | |
|  | | | | | 無・有（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | 不潔行為 | | | | | | | | | 無・有（　　　　　　　　　） | | | | | | | | | | | | | | |
|  | | | | | 無・有（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | 無・有（　　　　　　　　　） | | | | | | | | | | | | | | |
| 生活状況 | | | | 掃除(室内) | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 掃除(風呂) | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 掃除 (庭) | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金銭管理 | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 書類管理 | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服薬管理 | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話応対 | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ゴミ出し | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通院受診 | | | | | | | １自立 ２やや困難 ３困難 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会活動  の状況・  対人関係 | | | | 訪問状況 | | | | | | | 親族→無・有（続柄 　　 ）→ 訪問無・有（頻度等 　　　　　　　　　　 　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| →無・有（続柄 　　 ）→ 訪問無・有（頻度等　 　　　　　　　 　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 友愛訪問 | | | | | | | 無　・　有 | | | | | | | | | | その他のネットワーク | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 無 ・ 有（ 　 　　　　　　　　　　　　　　　　　　　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 無 ・ 有（ 　　　　　　　　活動参加 無・有＜ 　　　　　　　　　＞） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | （　　　　 回程度）自立・一部介助・全介助・していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 公共交通機関利用 | | | | | | |  | | | | | | | | | | | | | | | | | | ﾀｸｼｰ利用 | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ＊介護者の状況  　と問題点 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊その他生活支援上の問題点 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | サービス利用意向 | | | | | | | | | | | | | | | | | | | | |
| 次回把握予定日 | | | | | | | 年　　月 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◆  週  間  メ  ニ  ュ  Ｉ | 曜 | 日 | | | | | | | | | 月 | | | | | | | 火 | | | | | | | 水 | | | | | | | | | | | 木 | | | | | | | | | | 金 | | | | | | | | 土 | | |
| 午  前 |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | |
| 昼  食 |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | |
| 午  後 |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | |
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| 緊急通報 | | | | | | | | | | | | | 有 ・　無 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 有 ・　無 | | | | | | | | |
|  | | | | | | | | | | | | | 有 ・　無 | | | | | | | | | | | | | | | | | | その他 | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 地域包括支援センターが行う事業の実施に当たり、利用者の状況を把握する必要があるときは、要介護認定・要支援認定に係る調査内容、介護認定審査会による判定結果・意見及び主治医意見書と同様に、利用者基本情報、支援・対応経過シート、アセスメントシート等の個人に関する記録を、居宅介護支援事業者、居宅サービス事業者、介護保険施設、主治医その他本事業の実施に必要な範囲で関係するものに提示することに同意します。  　　　　年　　月　　日　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |