**訪問票（一次アセスメント票）**

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| **氏名** | | | **※実名は記載しない** | | | 男　・　女 | **訪問目的（事前に具体的に記入）** | | | |
| **年齢** | | | 障がい（　　　　　　　　　　　　　　　） | | | |
| **訪問年月日** | | | 平成　　　　年　　　　月　　　　日 | | | |
| **家族** | **続柄** | | **※実名は記載しない**  **氏名** | | | **年齢** | **職業学校** | **同居**  **別居** | | **特記事項** |
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| **[家族構成]**　年齢・主介護者・他の介護者・インフォーマルサポート等記入、同居者は線で囲む | | | | | | | | | | |
|  | | | | | | | | | 一例  本人 | |
| **障　害　者　本　人　の　概　要** | **生活歴・病歴・障がい歴** | **年　　月** | | | **事項** | | | | | |
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| **医療機関利用状況**[現在の受診状況、受診科目、頻度、主治医、どの疾患での受診] | | | | | | | | | |
| **医療保険** | | | 被保険者　（　　本人　・　家族　　） | | | | | | |
| □　国民健康保険　　　□　健康保険　　　記号　　　　　番号 | | | | | | |
| **障害者医療** | | | □　更生医療　　　　　　□　自立支援医療　　　　　□その他（　　　　　　） | | | | | | |
| **現在使用している福祉用具：** | | | | | | | | | |

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| **生活状況**[普通の一日の流れ] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人 |  |  |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |
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| 介護者： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **[その他の一日の生活の流れ]** 休日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人 |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  | |
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| 介護者： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **希望する１日の流れ** | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | ６ | |  | ９ | |  | １２ | |  | １５ | |  | １８ | |  | ２１ | |  | ２４ | |  | ３ | |  |
| 介護者： | | | | | | | | | | | | | | | | | | | | | | | | |
| **家族の要望・希望する暮らし** | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人の要望・希望する暮らし** | | | | | | | | | | | | | | | | | | | | | | | | |

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| **関係機関からの情報**  □　療育手帳判定書  □　施設入所判定書  □　社会調査資料  □　職能判定書  □　指導・経過記録  □  □ | **［家屋の見取り図］**　　□　持ち家　□その他 |
| トイレ、浴室位置や形状、玄関、道路までのアクセスや段差等の記入　（市営住宅、平屋、コーポ、マンション）  ※道路や階段など周辺の状況、メインに使っている部屋の明示。普段行っている店などわかれば近隣の情報も記入 |
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| **対応者所見**（注意すべき点、気になる点を含む） | |