

診療情報提供書

令和 年 月 日

紹介元

所在地
名称

TEL
医師

印

氏名 様 (男・女) M・T・S 年 月 日生 歳

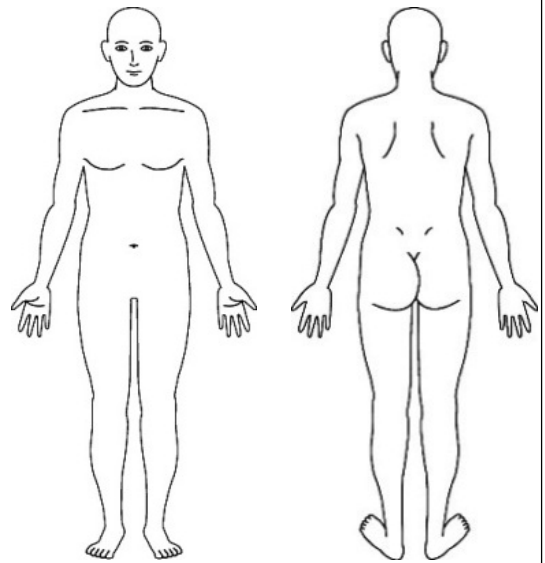
住所 〒 - TEL

傷病名とその発症年月 (生活機能の低下の原因となった傷病名等)

既往歴とその発症年月

症状経過、検査結果及び治療経過

麻痺・拘縮・褥瘡の部位、その他陽性所見を
記入して下さい



現在の処方

※処方については、薬剤情報の添付をお願いします。

禁忌薬剤 ()

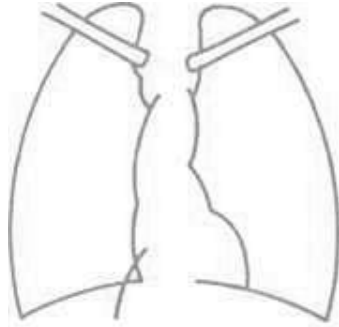
障害高齢者の日常生活自立度 (寝たきり度) : 自立 J 1 J 2 A 1 A 2 B 1 B 2 C 1 C 2

認知症高齢者の日常生活自立度 : 自立 I II a II b III a III b IV M

現状の問題点・課題 (今後予想されるリスク)

備考

診療情報提供書

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|---|--|------------------------------------|------------------------------------|------|-----|------------------------------------|------|-----|------|---------|-----|---|------|-----|------------------------------------|-----|-----|-----|-----|-----|-----|------|-----|-------|--------|-----|-------|-------|-----|-------|------|-----|-------|-------|-----|-------|------|-----|------|---------|-----|------|-----|-----|-------|-----|-----|-------|-----|-----|-------|----|-----|-------|-----|-----|-------|-------|-----|---|----------------|--|--|---|---|--|-------------|--|------------------|--|
| 検査所見 (年 月 日) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">白血球数</td><td style="width: 20%;">()</td><td style="width: 10%;">× 10³/mm³</td></tr> <tr><td>赤血球数</td><td>()</td><td>× 10⁴/mm³</td></tr> <tr><td>血色素量</td><td>()</td><td>g/dl</td></tr> <tr><td>ヘマトクリット</td><td>()</td><td>%</td></tr> <tr><td>血小板数</td><td>()</td><td>× 10⁴/mm³</td></tr> <tr><td>AST</td><td>()</td><td>μ/l</td></tr> <tr><td>ALT</td><td>()</td><td>μ/l</td></tr> <tr><td>尿素窒素</td><td>()</td><td>mg/dl</td></tr> <tr><td>クレアチニン</td><td>()</td><td>mg/dl</td></tr> <tr><td>ナトリウム</td><td>()</td><td>mEq/l</td></tr> <tr><td>カリウム</td><td>()</td><td>mEq/l</td></tr> <tr><td>カルシウム</td><td>()</td><td>mEq/l</td></tr> <tr><td>血清蛋白</td><td>()</td><td>g/dl</td></tr> <tr><td>血清アルブミン</td><td>()</td><td>g/dl</td></tr> <tr><td>CRP</td><td>()</td><td>mg/dl</td></tr> <tr><td>HDL</td><td>()</td><td>mg/dl</td></tr> <tr><td>LDL</td><td>()</td><td>mg/dl</td></tr> <tr><td>TG</td><td>()</td><td>mg/dl</td></tr> <tr><td>血糖値</td><td>()</td><td>mg/dl</td></tr> <tr><td>HbA1c</td><td>()</td><td>%</td></tr> <tr><td colspan="3" style="text-align: center;">※HbA1cは糖尿病の方のみ</td></tr> </table> | 白血球数 | () | × 10 ³ /mm ³ | 赤血球数 | () | × 10 ⁴ /mm ³ | 血色素量 | () | g/dl | ヘマトクリット | () | % | 血小板数 | () | × 10 ⁴ /mm ³ | AST | () | μ/l | ALT | () | μ/l | 尿素窒素 | () | mg/dl | クレアチニン | () | mg/dl | ナトリウム | () | mEq/l | カリウム | () | mEq/l | カルシウム | () | mEq/l | 血清蛋白 | () | g/dl | 血清アルブミン | () | g/dl | CRP | () | mg/dl | HDL | () | mg/dl | LDL | () | mg/dl | TG | () | mg/dl | 血糖値 | () | mg/dl | HbA1c | () | % | ※HbA1cは糖尿病の方のみ | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">尿</td> <td style="padding: 5px;"> 蛋白 (- ± + ++ +++) 糖 (- ± + ++ +++) 潜血 (- ± + ++ +++) </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">感 染 症</td> <td style="padding: 5px;"> HBs抗原 (陰性 ・ 陽性) TPHA (陰性 ・ 陽性) HCV抗体 (陰性 ・ 陽性) MRSA (陰性 ・ 陽性) </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">皮 膚 疾 患</td> <td style="padding: 5px; text-align: center;"> 無 ・ 有 疥癬 (部位)) 褥瘡 (部位)) その他 ()) (部位)) </td> </tr> </table> | 尿 | 蛋白 (- ± + ++ +++) 糖 (- ± + ++ +++) 潜血 (- ± + ++ +++) | 感 染 症 | HBs抗原 (陰性 ・ 陽性) TPHA (陰性 ・ 陽性) HCV抗体 (陰性 ・ 陽性) MRSA (陰性 ・ 陽性) | 皮 膚 疾 患 | 無 ・ 有 疥癬 (部位)) 褥瘡 (部位)) その他 ()) (部位)) |
| 白血球数 | () | × 10 ³ /mm ³ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 赤血球数 | () | × 10 ⁴ /mm ³ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血色素量 | () | g/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ヘマトクリット | () | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血小板数 | () | × 10 ⁴ /mm ³ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AST | () | μ/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALT | () | μ/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 尿素窒素 | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| クレアチニン | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ナトリウム | () | mEq/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| カリウム | () | mEq/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| カルシウム | () | mEq/l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血清蛋白 | () | g/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血清アルブミン | () | g/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRP | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HDL | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LDL | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TG | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血糖値 | () | mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HbA1c | () | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※HbA1cは糖尿病の方のみ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 尿 | 蛋白 (- ± + ++ +++) 糖 (- ± + ++ +++) 潜血 (- ± + ++ +++) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 感 染 症 | HBs抗原 (陰性 ・ 陽性) TPHA (陰性 ・ 陽性) HCV抗体 (陰性 ・ 陽性) MRSA (陰性 ・ 陽性) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 皮 膚 疾 患 | 無 ・ 有 疥癬 (部位)) 褥瘡 (部位)) その他 ()) (部位)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胸部 X 線所見 (撮影 年 月 日) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| できるだけ写真を添付して下さい | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 心電図所見 (年 月 日) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※MMSE 又は HDS-R の検査結果の添付をお願いします。

※検査データがある場合は、コピーを添付して下さい。

※検査データは、なるべく直近 3 ヶ月以内のものをお願いします。

医療法人 雄信会

介護老人保健施設 大和三山

施設長 殿