様式第1号(第5条関係)

診断書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 氏名 | |  | | | | 生年月日 | | | | | | 年　　月　　日 | | | | | | 性別 | | 男・女 | |
| 傷病名 | |  | | | | | | | | | | 負傷発病年月日 | | | | 年　　月　　日 | | | | | |
| 障がいの部位 | |  | | | | | | | | | | 初診年月日 | | | | 年　　月　　日 | | | | | |
| 既往症 | |  | | 既存障がい | | | | |  | | | 治癒年月日 | | | | 年　　月　　日 | | | | | |
| 療養の内容及び経過 |  | | | | | | | | | | | | | | | | | | | | |
| 障がいの状態の詳細 | (図で示すことができるものは、図解すること。) | | | | | | | | | | | | | | | | | | | | |
| 関節運動範囲 | 種類範囲  部位 | | | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  |  | 右 | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  | 左 | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  |  | 右 | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  | 左 | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  |  | 右 | |  | |  | | | |  | | |  |  | |  | |  | |  |
|  | 左 | |  | |  | | | |  | | |  |  | |  | |  | |  |
| 上記のとおり診断します。　　　　郵便番号　　　　電話番号　　　　局番 | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | 病院又は診療所の | | | | | 所在地  名称 | | | | | | | | | | | |
|  | | | | | | | | 診療担当者氏名 | | | | | 印 | | | | | | | | |