様式第4号(第6条関係)

通報システム登録台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 登録台帳 |
|  |
| 氏名 |  | | | | | | | 男・女 | | | 年　　月　　日 | | | | | | | | | | | TEL | | | |  | | | | | |
| 住所 | 国頭村字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 協力員 | 1 |  | | | 利用者との関係 | | | | | | |  | | | TEL | | |  | | | | | | 住所 | | |  | | | | |
| 2 |  | | | 利用者との関係 | | | | | | |  | | | TEL | | |  | | | | | | 住所 | | |  | | | | |
| 親族等連絡先 | 1 |  | | | 続柄 | | | |  | | | TEL | | |  | | | | | | 住所 | | |  | | | | | | | |
| 2 |  | | | 続柄 | | | |  | | | TEL | | |  | | | | | | 住所 | | |  | | | | | | | |
| 担当民生委員 |  | | | TEL | | |  | | | | | | | 主治医 | | | 氏名 | |  | | | | | | | | | TEL | |  | |
| 担当ヘルパー |  | | | TEL | | |  | | | | | | | 主治医 | | | 氏名 | |  | | | | | | | | | TEL | |  | |
| 主な病名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 血液型 | |  | |
| 医療保険等 |  | | | 記号 | |  | | | | | | | 番号 | | |  | | | | | | | 老人医療受給者番号 | | | | | | |  | |
| 身障者手帳 | 番号 | |  | | | 種別 | | | |  | | | | | | 障害程度 | | | |  | | | | | 交付年月日 | | | | 年　　月　　日 | | |
| 備考 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |