様式第1号（第2条関係）

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| 台帳番号 |

身体障害者更生指導台帳

日南町

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| （ふりがな）  氏名 | | | 男  女 | | | | | 手帳交付状況 | 第　　号（　種　級）  　　　年　　月　　日交付  （障害名） | | | | | | | | | | |
| 生年月日 | | |  | | | | |
| 職業 | | |  | | | | |
| 本籍地 | | | 都道府県 | | | | |
| 住所 | | | ＴＥＬ | | | | |
| ＴＥＬ | | | | | 受傷の状況 | （受傷の時期）　年　月頃  （主たる原因） | | | | | | | | | | |
| ＴＥＬ | | | | |
| ＴＥＬ | | | | |
| 地区担当  身障相談員等 | | |  | | | | |
| 生活歴 | （生育歴）  （最終学歴）  （職歴）  （既往症） | | | | | | | | | | | | | | | | | | |
| 同居の家族 | 続柄 | 氏名 | | | 性別 | 生年月日 | | | 職業 | | | 健康状態など | | | | | | | |
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| 他法給付  の状況  （年金・恩給） | | | （種別） | （記号番号） | | | （支給開始年月日） | | | | | （給付機関名） | | | | | | | |
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| 加入保険 | | | 国保・健保（政・組）、共済、労災、生保  （支給開始　　年　　月　　日）  （記号番号）　　　　　　　　（保険者名） | | | | | | | | | | | | | | | | |
|  | | | | | | コード |  |  | |  |  |  |  |  |  |  |

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| 区分 | 給付  年月日 | 内容 | | 費用額 | | 担当医療  機関名 |
| 公費負担額 | 本人負担額 |
| 更生医療 |  |  | |  |  |  |
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| 区分 | 給付  年月日 | 種目 | 交・修 | 費用額 | | 取扱  業者名 |
| 公費負担額 | 本人負担額 |
| 補装具 |  |  |  |  |  |  |
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| 日常生活用具 |  |  | |  |  |  |
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| 年月日 | 指導などの経過 |
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