**事例検討シート**

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| **提供者所属事業所名** | **提供者氏名** |
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| **事例タイトル（事例を選んだ理由含）** |  | | |
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| **利用者及び家族の主訴** | |  | |
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| **支援を開始した経緯** | | |  |
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| **利用者情報** | | | | |
| **利用者仮称** | | | | |  | | | | **性別（ 男 ・ 女 ）** | | | **年齢（　　　）歳** |
| **世帯状況　 独居 ・ （　 　）人世帯** | | | | | | | | |
| **要介護認定** | | | **未申請・申請中・自立・要支援（　　）・要介護（　　　）・不明** | | | | | | | | | **負担割合　（　　　）割** | |
| **障害高齢者の日常生活自立度** | | | | | | | **自立・J1・J2・A1・A2・B1・B2・C1・C2** | | | | | | |
| **認知症高齢者の日常生活自立度** | | | | | | | **自立・Ⅰ・Ⅱa ・Ⅱb・Ⅲa・Ⅲb・Ⅳ・M** | | | | | | |
| **認知症の症状** | | | |  | | | | | | | | | |
| **保険・年金情報** | | | | | | | | | | | | | |
| **医療保険：** | | | | | | **原爆手帳：　有 ・ 無** | | | | | **年金等：** | | |
| **身体障害者手帳等：** | | | | | | | | **その他：** | | | | | |
| **生活歴** |  | | | | | | | | | | | | |
| **趣味**  **活動歴** |  | | | | | | | | | | | | |
| **家族状況（ジェノグラム）** | | | | | | | | **病院** | |  | | | |
|  | | | | | | | |
| **既往歴** | |  | | | |
| **住環境** | | | | | | | |
|  | | | | | | | | **現病歴** | |  | | | |
| **服薬状況** | |  | | | | | | | | | | | |

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| **身長** |  | | | | | | **cm** | | **体重** | | |  | | **㎏** | | **BMI** | | |  | | | | |
| **ADL** | | | | |  | | | | | | | | | | | | | | | | | | |
| **移動：** | |  | | | | **食事：** | | | |  | | | **排泄：** | |  | | | | | **入浴：** |  | | |
| **更衣：** | |  | | | | **整容：** | | | |  | | | | | | | | | | | | | |
| **特記事項** | | | |  | | | | | | | | | | | | | | | | | | | |
| **IADL** | | | | |  | | | | | | | | | | | | | | | | | | |
| **視力：** | |  | | | | | | **聴力：** | | |  | | | | **ｺﾐｭﾆｹｰｼｮﾝ：** | | | |  | | | | |
| **掃除：** | |  | | | | | | **買物：** | | |  | | | | **洗濯：** | |  | | | | **調理：** |  | |
| **金銭管理：** | | | | |  | | | **服薬：** | | |  | | | | **ゴミ出し** | | |  | | | **電話対応：** | |  |
| **特記事項** | | | |  | | | | | | | | | | | | | | | | | | | |
| **サービス利用状況** | | |  | | | | | | | | | | | | | | | | | | | | |
| **概要及び経過** | | |  | | | | | | | | | | | | | | | | | | | | |