（様式１）基本情報

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 利　用　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | 男性 | | | | | | | |
| 女性 | | | | | | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 |  | | | 年 | | |  | | | | 月 | | | |  | | | | 日 | | |  | | | | | | | | 歳 | | |
| 身長 |  | | ｃｍ | | | | | | | | | | 体重 | | | |  | | | | | | | | | ｋｇ | | | | | | |
| 日常生活自立度  (障害) | | 自立 | | | J1 | | | | J2 | | | A1 | | | | A2 | | | | B1 | | | | B2 | | | | C1 | | | | C2 |
| 介護支援専門員から見た現在の自立度 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 日常生活自立度  (認知症) | | 自立 | | | | Ⅰ | | | | Ⅱa | | | | Ⅱb | | | | Ⅲa | | | | | Ⅲb | | | | Ⅳ | | | | Ｍ | |
| 介護支援専門員から見た現在の自立度 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 認定情報 | | 要介護１ | | | | | | 要介護２ | | | | | | 要介護３ | | | | | | | 要介護４ | | | | | | | | 要介護５ | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主訴・意向 | | 本人 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護者  （家族等） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| これまでの生活と  現在の状況 | | 生活歴と  現在状況 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族等状況  □男性  ○女性 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 経過・  病歴等 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主治医 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 今回のアセスメントの理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者の  社会保障制度の利用情報 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現在利用している  支援や社会資源 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |