**地域包括ケア病棟　診療情報提供書**

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| 令和 |  | 年 |  | 月 |  | 日 |

医療法人　慈正会　丸山記念総合病院

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| 内 | | | 科 | | 福島嗣郎 | | | 医師 | | | | | | | | | | | | | |  | | | | | | | | | |
| 地域医療連携室FAX番号  048-757-9733 | | | | | | | | 紹介元医療機関名： | | | | | | | | | |  | | | | | | | | | | | | | |
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| 医師名 | | |  | | | | | | | | | | | | | | | | | | | | |
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| FAX | ( | | |  | | | | | ) | |  | | | | | | | ― | |  | | | |
| ﾌ ﾘ ｶﾞ ﾅ | |  | | | | 男  女 | | 生年  月日 | M・　T・　S・　H | | | | | | | | | | | | | | | | | | | | | | |
| 患者氏名： | |  | | | |  | | | | | 年 |  | | | | | | 月 | |  | | 日( | | | |  | 歳) | |
| 住所： | |  | | | | | | 電話  番号 | ( | | | |  | | | ) | | | |  | | | | ― | | |  | | | | |
| 疾患名・主訴： | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 紹介目的： | | | | 1．　在宅復帰支援 | | | | | | 2．　その他（　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | |
| 症状経過・検査結果・治療経過 | | | | | | | 薬物アレルギー（ 　無・　有　） | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現在の処方： |  | | | | | | リハビリ介入　（ 　無・　有　） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 経過等 | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考：（注意事項など） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |