様式第1号(規則第5条第2項関係)

診断書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 氏名 | |  | | | 生年月日 | | | | | 明治  大正  昭和 | | | | 年　月　日 | | | | | 性別 | | 男・女 | | |
| 傷病名 | |  | | | | | | | | 負傷発病年月日 | | | | | | | 年　　月　　日 | | | | | | |
| 障害の部位 | |  | | | | | | | | 初診年月日 | | | | | | | 年　　月　　日 | | | | | | |
| 既往症 | |  | 既存障害 | | |  | | | | 治ゆ年月日 | | | | | | | 年　　月　　日 | | | | | | |
| 及び経過  療養の内容 |  | | | | | | | | | | | | | | | | | | | | | | |
| 障害の状態の詳細 | (図で示すことができるものは図解すること。) | | | | | | | | | | | | | | | | | | | | | | |
| 関節運動範囲 | 種類範囲  部位 | | | | | | | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | |  | | | 右 | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | | 左 | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | |  | | | 右 | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | | 左 | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | |  | | | 右 | |  | | |  |  | |  | | |  | |  | |  |  |
|  | | | 左 | |  | | |  |  | |  | | |  | |  | |  |  |
| 上記のとおり診断します | | | | | | | | 局  郵便番号　　　　電話番号　　　　　　番 | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | 病院又は診療所の | | | 所在地  名称 | | | | | | | | | | | | |
|  | | | | | | | | | | | | 診療担当者氏名 | | | | ㊞ | | | | | | | |