様式第1号(第5条関係)

診断書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 氏名 | |  | | | | | 生年月日 | | | 年　月　日生まれ | | | | | | | 性別 | |  | |
| 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 | | | |  | | 治癒年月日 | | | | | 年　月　日 | | | | | |
| 療養の内容及び経過 |  | | | | | | | | | | | | | | | | | | | |
| 障害の状態の詳細 | (図で示すことができるものは図解してください。) | | | | | | | | | | | | | | | | | | | |
| 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。 | | | | | | | | | 郵便番号　　　　　　電話 | | | | | | | | | | | |
| 病院又は診療所の | | | | | | | | | | | | | 所在地  名称 | | | | | | | |
| 年　　月　　日  診療担当者  　氏名　　　　　　　　　　㊞ | | | | | | | | | | | | | | | | | | | | |