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| ■利用者の概要（施設用） | | | | | | | | | | | | | |  | | | 研修名 | | | | | 専門Ⅰ ・ 更新Ⅰ | | | | | | 事業所  種　別 | | | 特養 ・ 老健 ・ 特定 ・  ＧＨ ・ 介護医療院 | | | | |
| 受講番号 | | | | |  | | | | | 氏名 | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※1：７領域欄  （複数回答可） | | | 脳血管疾患 | |  | | | 認知症 | |  | | | 大腿骨骨折 | | | | |  | | | 心疾患 | |  | | 誤嚥性肺炎 | |  | | | 看取り | |  | 家族  支援 | |  |
| ※2：最も強い要素  （上記回答のうち） | | |  | | | | その理由 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 年齢 | | 才 | | 性別 | |  | | | 要 介 護  状態区分 | | |  | | | **あなたが判断した**  **障害高齢者**日常生活自立度 | | | | | | | | | | |  | | | **あなたが判断した**  **認知症高齢者**日常生活自立度 | | | | |  | |
| 利用者の望む暮らし（今後の生活に対する希望・どうなりたいか？等を含む） | | | | | | | | | | | | | | | | | | | | 家族の望む利用者の暮らし | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 医療情報・健康状況（既往症を含む主な疾病や障害、入院歴、通院、薬 等） | | | | | | | | | | | | | | | | | | | | 精神状況（生活・認知状況等を含む） | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 身体状況　※ 【 身長　　　　㎝ ・ 体重　　　　㎏　・ BMI　　　　　】 | | | | | | | | | | | | | | | | | | | | コミュニケーション | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| A　　　D　　　L | 基本動作 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 移　動 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食　事 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入　浴 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 整　容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 清　潔 | |
| 更　衣 | |
| 排　泄 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 経済状況 | | | | | | | | | | | | | | | | | | | | 利用者への家族の関わり状況 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 生活環境と主な日常生活の過し方 | | | | | | | | | | | | | | | | 特記事項（職歴・趣味･社会的交流の状況等生活歴を含む） | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| この事例を通して困ったこと、気づいたこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（1/2ページ目）

【ジェノグラム】 (手書き可)　　　　　　　　　　　　　　　　　　　　【家屋(見取)図】 (手書き可)



□＝男性、○＝女性

※本人は二重。中に年齢を記入

※同居家族は、○で囲む

【エコマップ】(手書き可)

　　　　 普通の関係

強い関係

ストレスや葛藤がある関係

エネルギーの向かう方向

（2/2ページ目）