付表5

　居宅療養管理指導・介護予防居宅療養管理指導事業所の登録に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | | | | |  | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 当該事業の実施について定めてある定款・寄附行為等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | | | | | | | | | | | |
| 病院、診療所、薬局の別 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 提供する居宅療養管理指導の種類（該当するものに○） | | | 医師 | |  | | | | | | 歯科  医師 | | | |  | | | | | 薬剤師 | | | | | |  | | | | | | 歯科衛生士等 | | | |  | | | | | | 管理栄養士 | | | |  | | | |
| 管理者 | フリガナ |  | | | | | | | | | | | | | | | 住所 | | | | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | | |
| 従業者の職種・員数 | | | | | | 医師 | | | | | | | | 歯科医師 | | | | | | | 薬剤師 | | | | | | | 歯科衛生士 | | | | | | | | | 管理栄養士 | | | | | | | 看護職員 | | | | | |
| 専従 | | 兼務 | | | | | | 専従 | | | | 兼務 | | | 専従 | | | 兼務 | | | | 専従 | | | | | 兼務 | | | | 専従 | | | | 兼務 | | | 専従 | | | 兼務 | | |
|  | 常勤(人) | | | | |  | |  | | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | |  | | |
| 非常勤(人) | | | | |  | |  | | | | | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | |  | | |
| 主な掲示事項 | 営業日 | | | | | 日 | 月 | | | | | 火 | 水 | | | 木 | | | 金 | 土 | | | 祝 | | その他年間  の休日 | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | |  | | |  |  | | |  | |
| 営業時間 | | | | | 平日 | | | | | |  | | | | ～ | | |  | | | | 土曜 | | | |  | | | | ～ | | |  | | | | 日・祝 | | | | |  | | ～ | | |  | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | | 法定代理受領分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | ① | | | | | | | ② | | | | | | | ③ | | | | | | | | | | ④ | | | | | | | | | | ⑤ | | | | | | | | |  |
| 備考 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　1　「基準上の必要人員」「適合の可否」欄は、記入しないでください。

　　　2　記入欄が不足する場合は、適宜欄を設けて記載するか又は別様に記載した書類を添付してください。

　　　3　「主な掲示事項」については、本欄の記載を省略し、別添資料として添付して差し支えありません。

　　　4　当該登録居宅サービス以外のサービスを実施する場合には、当該登録居宅サービス部分とそれ以外のサービス部分の料金がわかるような料金表を提出してください。