付表１６－１　介護療養型医療施設の指定に係る記載事項（病院による場合）（その１）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受付番号 | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 施　　　　　　設 |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | （郵便番号　　　－　　　）  県 　　郡市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 電話番号 |  | | | | | | | | | | | | | | FAX番号 | | | | |  | | | | | | | | | |
| メールアドレス | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 病院の開設年月日 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管　　理　　者 | フリガナ | |  | | | | | 住 所 | | | | （郵便番号　　　－　　　） | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | |  | | | | |
| 生年月日 | |  | | | | |
| 当該事業所で兼務する他の職種(兼務の場合のみ記入) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は  施設の従業者との兼務  （兼務の場合のみ記入） | | | | | 名 称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 施設類型(申請するものすべてに○) | | | | | | | | | | | | | 当該病棟  の病床数 | | | 左のうち申請  する病床数 | | | | | | 当該病棟の平均入院患者数 | | | | | 完全型 | | | 転換型 | |  | |
|  |  | | | | | | | | | | | | (該当する方に○) | | | | |
| ①療養病床を有する病棟 | | | | | | | | | |  | |  | | |  | | | | | |  | | | | |  | | |  | |
| ②老人性認知症疾患療養病棟を有する病棟 | | | | | | | | | |  | |  | | |  | | | | | |  | | | | |  | |  | | |
| 合　　　計 | | | | | | | | | |  | |  | | |  | | | | | |  | | | | |  | | | | |
| 当該病棟(全体として)の従業者の  職種･員数(①) | | | | | | | 看護職員 | | | | | | | 介護職員 | | | 理学･作業療法士 | | | | | | 介護支援専門員 | | | | |  | | | | | |
| 専従 | | 兼務 | | | | | 専従 | 兼務 | | 専従 | | | | 兼務 | | 専従 | | | 兼務 | |
|  | | 常　勤(人) | | | | |  | |  | | | | |  |  | |  | | | |  | |  | | |  | |
| 非常勤(人) | | | | |  | |  | | | | |  |  | |  | | | |  | |  | | |  | |
| 常勤換算後の人数（人） | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |
| 基準上の必要人数（人） | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |
| 適合の可否 | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |
| 当該病棟(全体として)の従業者の  職種･員数(②) | | | | | | | 看護職員 | | | | | | | 介護職員 | | | 作業療法士等 | | | | | | 精神保健福祉士等 | | | | | 介護支援専門員 | | | | |  |
| 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) | | | | |  | |  | | | | |  |  | |  | | | |  | |  | | |  | |  | | |  | |
| 常勤換算後の人数（人） | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |
| 基準上の必要人数（人） | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |
| 適合の可否 | | | | |  | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |