Ｒ元.5.1改訂

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| 認知症対応型共同生活介護　入所・退所　連絡票  令和　　年　　月　　日  中 泊 町 長　様  **施設名** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | | | | | | | に入所    を退所 | | | | しましたので、連絡します。 | | | | | | | | | | | | | | |
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|  | 入所・退所年月日 | | | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | |  | | | | | | | | | |
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|  | 被　保　険　者 | | 被保険者番号 | |  | |  |  |  | |  |  |  | |  |  | |  |  | | | | | | | | | |
| ﾌ ﾘ ｶﾞ ﾅ | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 氏　　名 | |  | | | | | | | | | | | | | | 生 年 月 日 | | | | 明・大・昭  　　　年　　月　　日 | | | | |  |
| 性　　別 | | | | 男　　・　　女 | | | | |
| 入所前  住所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | |
| 入所中  住所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | |
| 退所後住所  \*1 | | 〒 | | | | | | | | | | | | | | | | | | | | | | |
| 退所理由 | | １　他の介護保険施設入所　　　　２　死亡  ３　その他（　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | |
| \*1　死亡退所の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保 険 者 名 | | |  | | | | | | | | | | | | | 保険者番号 | | |  |  |  | |  |  |  |  | |
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|  | 施　設 | 名　　称 | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 | |  | | | | | | | | | | | | | | | | | | | | | | | |
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