　年　　　月　　　日

移送対象者情報提供書（兼　依頼書）

|  |  |  |
| --- | --- | --- |
| 依頼先 |  | 様 |

　要配慮者等の移送を、下記のとおり要請いたします。

記

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 本人情報 | 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 年齢 |  | | | | | | | | 歳 | | | | | | | 性別 | | | □男性　□女性 | | | | | | |
| 身長 | （概ね） |  | | | | | | | cm | | | | | | | 体重 | | | （概ね） | |  | | | kg | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分・程度 | 高齢者 | □要介護・要支援 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □独居・のみ世帯 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| 障害者 | □身体 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □知的 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □自閉症・発達 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □精神 | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □医ケア・難病 | | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □乳幼児 | | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| □妊産婦 | | | | | | | | | （ |  | | | | | | | | | | | | | | ） |
| 特記事項・要望等 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 同伴者 |  | | | | | | | | | | | | | | | 名 | | | | | | | | | |
| □介助可能　□一部介助可能　□介助不可 | | | | | | | | | | | | | | | | | | | | | | | | |
| 移動方法 | □自力歩行可　□車いす利用　□その他 | | | | | | | | | | | | | | | | （ | |  | | | | | ） | |
| 留意点等 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 搬送元  （発地） | 名称 | □自宅　□その他 | | | | （ | |  | | | | | ） | | 迎車時間 | | | | | |  | | ： |  | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | （担当者名） | |  | | | | | | | | | | | | | （ | |  | | | | | | | ） |
| 搬送先  （着地） | 名称 | □自宅　□その他 | | | | | （ | |  | | | | | ） | | 迎車時間 | | | | |  | | ： |  | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | （担当者名） | | |  | | | | | | | | | | | | （ | |  | | | | | | | ） |

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| 市町担当  連絡先 | 課名 |  | 担当者名 |  |
| TEL |  | FAX |  |