様式11

精神障害者の申請・通報・届出等整理簿

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| 受理年月日 | 氏　　名 | 生年  月日 | 住　　所 | 申請・通報・届出者名 | 続柄 | 住　　所 | 申請  通報  届出区分 | 診察  の  要否 | 診察実施状況 | | | | 措置入院の  要否 | 入院措置病院 | 措置月日 | 立会職員 | | 指定医 | | 費用徴収関係書類 | 病院への  搬送  委託 | 備　　考 |
| 診察  月日 | 時間 | 指定医氏名 | 診察場所 | 氏　　名 | 特勤  手当 | 報酬 | 費用弁償 |
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