|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **検討事例** | | | |  |  |  |  |  |  |  | **記入日** | |  | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | **記入者氏名** | |  | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **お名前（イニシャル）** | | | |  | | | | **年齢** |  | | | | | | | **性別** |  | |
| **病名既往歴** | | | |  | | | | | | | | | | | | | | |
|
|
|
| **介入した理由** | | | |  | | | | | | | | | | | | | | |
|
|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ケア内容（経過や、カテゴリーや、関わりを通して目指したケアのレベルなど自由に記載)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|
|
|
| **ケアの評価、検討したい内容、相談事項など** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **事例検討会の感想、その後のケアを受ける人の変化など** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|
|
| **参加者名** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |