身体障がい者診断書・意見書(視覚障がい用)

総 括 表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 氏　名 | | | | |  | 年　　月　　日生 | 男　女 |
| 住　所 | | | | | | | |
| ① | | 障害名（部位を明記） | | | | | |
| ② | 原因となった  疾病・外傷名 | |  | 交通、労災、その他の事故、戦傷  戦災、自然災害、疾病、先天性、その他（　　　　　） | | | |
| ③ | | 疾病・外傷発生年月日　　　　　　　年　　月　　日　・場　所 | | | | | |
| ④ | | 参考となる経過・現症（エックス線写真及び検査所見を含む。）  障害固定又は障害確定（推定）　　　年　　月　　日 | | | | | |
| ⑤ | | 総合所見  〔 将来再認定　　要 ・ 不要〕  　　　　　　　　　　　　　　　　　　　　　　　　　　　 〔 再認定の時期 　　 年　　月〕 | | | | | |
| ⑥ | | その他参考となる合併症状 | | | | | |
| 上記のとおり診断する。併せて以下の意見を付す。  年　　月　　日  病院又は診療所の名称  所　　　在　　　　地  診療担当科名　　　　　　　　　科　　医師氏名　　　　　　　　　　　　印 | | | | | | | |
| 身体障害者福祉法第15条第3項の意見〔障害程度等級についても参考意見を記入〕  　障害の程度は、身体障害者福祉法別表に掲げる障害に  ・該当する。　　　（　　　　　　級相当）  ・該当しない。 | | | | | | | |
| （注）１　障害名には、現在起こっている障害、例えば両眼視力障害、両耳ろう、右上下肢麻痺、心臓機能障害等を記入し、原因となった疾病には、緑内障、先天性難聴、脳卒中、僧帽弁膜狭窄等原因となった疾患名を記入してください。  ２　障害区分や等級決定のため、山形県社会福祉審議会から改めて次ページ以降の部分について、お問い合せする場合があります。 | | | | | | | |

視覚障害の状況及び所見

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| １　視　力  又は  　　自動視野計  　 （１）周辺視野の評価  　　　　　 両眼開放エスターマンテスト　両眼開放視認点数  （２）中心視野の評価（10-2プログラム）   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 裸眼視力 | 矯正視力 | | | | 右眼 |  | ×　 　 　D | (　) | cyl D 　Aｘ ° | | 左眼 |  | ×　 　 　D | (　) | cyl D 　Aｘ ° |   ２　視　野  ゴールドマン型視野計  　 （１） 周辺視野の評価（Ⅰ／４）  　　　 イ　両眼の視野が中心10度以内   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 上 | 内上 | 内 | 内下 | 下 | 外下 | 外 | 外上 | 合計 |  | | 右 |  |  |  |  |  |  |  |  |  | 度（≦80） | | 左 |  |  |  |  |  |  |  |  |  | 度（≦80） | | ロ　両眼による視野が２分の１以上欠損　（はい・いいえ） | | | | | | | | |   　 （２）中心視野の評価（Ⅰ／２）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 上 | 内上 | 内 | | 内下 | | 下 | 外下 | | | 外 | | | 外上 | 合計 |  | | | 右 |  |  |  | |  | |  |  | | |  | | |  | ① | 度 | | | 左 |  |  |  | |  | |  |  | | |  | | |  | ② | 度 | | |  |  |  | ①又は②のいず  れか高い数値 | |  | | ①又は②のいず  れか低い数値 |  | | |  | | |  |  |  | | | 両眼中心  視野角度（Ⅰ／２） | | |  |  |  | |  |  | | |  | | |  |  |  | | | （ |  |  | × | ３ ＋ |  | |  | ） | | ／ | ４ ＝ |  | 度 | | |  |  |  |  | |  | |  |  | | |  | | |  |  |  | | |  |  |  |  | |  | |  |  | | |  | | |  |  |  | | |  |  |  |  | |  | |  |  | | |  | | |  |  | 点 | | |  |  |  |  | |  | |  |  | | |  | | |  |  |  | | | 右 | ③ | 点（≧26dB） | | |  | |  | |  | | |  | |  |  | | | 左 | ④ | 点（≧26dB）  ③又は④のいず  れか高い数値 | | |  | | ③又は④のいず  れか低い数値 | |  | | |  | |  |  | | | 両眼中心視野  視認点数　（ | | |  | | | |  |  | | |  | | |  |  |  | | |  | | ×３ | | ＋ |  | | | ） ／ | | | ４ ＝ |  | 点 | |   ３　現　症   |  |  |  | | --- | --- | --- | |  | 右 | 左 | | 前眼部 |  |  | | 中間透光体 |  |  | | 眼底 |  |  | |

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| 視野コピー貼付  （注） ゴールドマン型視野計を用いた視野図を添付する場合には、どのイソプタがⅠ／４の視標によるものか、Ⅰ／２の視標によるものかを明確に区別できるように記載すること。 |