

| 特別障害者手当認定診断書(腎臓疾患用)                                                                                        |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
|------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|------|-----|--|--|--|--------|-----|--|--|--|--------------|-------|--|--|--|-------|------|--|--|--|------|----------------------|--|--|--|--------|------|--|--|--|------|-----|--|--|--|------|----------------------|--|--|--|-------|------|--|--|--|---------|------|--|--|--|-------------------|--|--|--|--|----------|-------|--|--|--|-------------|-------|--|--|--|----------|-------|--|--|--|------|------|--|--|--|------|------|--|--|--|------------------|------|--|--|--|------------------------|-------|--|--|--|
| ① (ふりがな)<br>氏 名                                                                                            |                      | 男・女                  | ② 生年月日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 大正昭和平成令和<br>年 月 日 |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ② 住 所                                                                                                      |                      | ④ 疾病の原因となった傷病名       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑤ ④のため初めて医師の診断を受けた日                                                                                        |                      | 昭和平成令和<br>年 月 日      | ⑥ 傷病発生年月日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 昭和平成令和<br>年 月 日   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑦ 障害が永続すると判定された日                                                                                           |                      | 昭和平成令和<br>年 月 日 推定確認 | ⑧ 将来再認定の要                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 有( 年後) ・ 無        |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑨ 腎 臓 疾 患 (平成・令和 年 月 日現症)                                                                                  |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 臨 床 所 見 (6) 検 査 成 績                                                                                      |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 自覚症状<br>悪 心 ・ 嘔 吐 ( 無 ・ 有 ・ 著 )<br>食 欲 不 振 ( 無 ・ 有 ・ 著 )<br>頭 痛 ( 無 ・ 有 ・ 著 )<br>呼 吸 困 難 ( 無 ・ 有 ・ 著 ) |                      |                      | (2) 他覚所見<br>浮 腫 ( 無 ・ 有 ・ 著 )<br>貧 血 ( 無 ・ 有 ・ 著 )<br>ア シ ド ー シ ス ( 無 ・ 有 ・ 著 )<br>腎不全に基づく<br>神 経 症 状 ( 無 ・ 有 ・ 著 )<br>視 力 障 害 ( 無 ・ 有 ・ 著 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (3) 尿毒症性心包炎 ( 無 ・ 有 )                                                                                      |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (4) 尿毒症性出血傾向 ( 無 ・ 有 )                                                                                     |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (5) 尿毒症性中枢神経症状 ( 無 ・ 有 )                                                                                   |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 腎 生 検 無 ・ 有 検査年月日(平成・令和 年 月 日)<br>所見                                                                     |                      |                      | <table><tr><th>検査項目</th><th>検査日</th><th></th><th></th><th></th></tr><tr><td>1日尿蛋白量</td><td>g/日</td><td></td><td></td><td></td></tr><tr><td>尿蛋白/尿クレアチニン比</td><td>g/gCr</td><td></td><td></td><td></td></tr><tr><td>尿 蛋 白</td><td>(定性)</td><td></td><td></td><td></td></tr><tr><td>赤血球数</td><td>×10<sup>4</sup>/μℓ</td><td></td><td></td><td></td></tr><tr><td>ヘモグロビン</td><td>g/dℓ</td><td></td><td></td><td></td></tr><tr><td>白血球数</td><td>/μℓ</td><td></td><td></td><td></td></tr><tr><td>血小板数</td><td>×10<sup>4</sup>/μℓ</td><td></td><td></td><td></td></tr><tr><td>血清総蛋白</td><td>g/dℓ</td><td></td><td></td><td></td></tr><tr><td>血清アルブミン</td><td>g/dℓ</td><td></td><td></td><td></td></tr><tr><td colspan="2">BCG法・BCP法・改良型BCP法</td><td></td><td></td><td></td></tr><tr><td>総コレステロール</td><td>mg/dℓ</td><td></td><td></td><td></td></tr><tr><td>血液尿素窒素(BUN)</td><td>mg/dℓ</td><td></td><td></td><td></td></tr><tr><td>血清クレアチニン</td><td>mg/dℓ</td><td></td><td></td><td></td></tr><tr><td>eGFR</td><td>ml/分</td><td></td><td></td><td></td></tr><tr><td>1日尿量</td><td>ml/日</td><td></td><td></td><td></td></tr><tr><td>内因性クレアチニン・クリアランス</td><td>ml/分</td><td></td><td></td><td></td></tr><tr><td>動脈血(HCO<sub>3</sub>)</td><td>mEq/ℓ</td><td></td><td></td><td></td></tr></table> |                   |  | 検査項目 | 検査日 |  |  |  | 1日尿蛋白量 | g/日 |  |  |  | 尿蛋白/尿クレアチニン比 | g/gCr |  |  |  | 尿 蛋 白 | (定性) |  |  |  | 赤血球数 | ×10 <sup>4</sup> /μℓ |  |  |  | ヘモグロビン | g/dℓ |  |  |  | 白血球数 | /μℓ |  |  |  | 血小板数 | ×10 <sup>4</sup> /μℓ |  |  |  | 血清総蛋白 | g/dℓ |  |  |  | 血清アルブミン | g/dℓ |  |  |  | BCG法・BCP法・改良型BCP法 |  |  |  |  | 総コレステロール | mg/dℓ |  |  |  | 血液尿素窒素(BUN) | mg/dℓ |  |  |  | 血清クレアチニン | mg/dℓ |  |  |  | eGFR | ml/分 |  |  |  | 1日尿量 | ml/日 |  |  |  | 内因性クレアチニン・クリアランス | ml/分 |  |  |  | 動脈血(HCO <sub>3</sub> ) | mEq/ℓ |  |  |  |
| 検査項目                                                                                                       | 検査日                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1日尿蛋白量                                                                                                     | g/日                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 尿蛋白/尿クレアチニン比                                                                                               | g/gCr                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 尿 蛋 白                                                                                                      | (定性)                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 赤血球数                                                                                                       | ×10 <sup>4</sup> /μℓ |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ヘモグロビン                                                                                                     | g/dℓ                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 白血球数                                                                                                       | /μℓ                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血小板数                                                                                                       | ×10 <sup>4</sup> /μℓ |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清総蛋白                                                                                                      | g/dℓ                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清アルブミン                                                                                                    | g/dℓ                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| BCG法・BCP法・改良型BCP法                                                                                          |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 総コレステロール                                                                                                   | mg/dℓ                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血液尿素窒素(BUN)                                                                                                | mg/dℓ                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清クレアチニン                                                                                                   | mg/dℓ                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| eGFR                                                                                                       | ml/分                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1日尿量                                                                                                       | ml/日                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 内因性クレアチニン・クリアランス                                                                                           | ml/分                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 動脈血(HCO <sub>3</sub> )                                                                                     | mEq/ℓ                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 人工透析療法                                                                                                   |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 人工透析療法の実施の有無 無 ・ 有 (血液透析・腹膜透析・血液濾過)                                                                    |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (2) 人工透析開始日 (平成・令和 年 月 日)                                                                                  |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (3) 人工透析(腹膜透析除く。)実施状況 回数 ・ 回/週、1回 時間                                                                       |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (4) 人工透析導入後の臨床経過                                                                                           |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (5) 長期透析による合併症 無 ・ 有<br>所見                                                                                 |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 その他の所見                                                                                                   |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 腎移植 無 ・ 有 (有の場合は移植年月日(平成・令和 年 月 日))<br>経過                                                              |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (2) その他                                                                                                    |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑩ 活動能力の程度(該当するものどれか一つを選んで○で囲んでください。)                                                                       |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 普通の生活については著しく制限されることがないもの                                                                                |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 家庭内での普通の生活又は社会での極めて温和な活動には支障がないが、それ以上の活動は著しく制限されるもの                                                      |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 家庭内での極めて温和な活動には支障がないが、それ以上の活動は著しく制限されるもの                                                                 |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 自己の身の辺の日常生活活動を著しく制限されるもの                                                                                 |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑪ 安静を要する程度                                                                                                 |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 絶対安静                                                                                                     |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 ベッド上の安静                                                                                                  |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 必要時のみ室内歩行(30分以内)                                                                                         |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 室内歩行はよい(1時間以内)                                                                                           |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 5 一定時間内の屋外歩行はよい(1. 5時間以内)                                                                                  |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 6 健康な人の2分の1程度の労働はよい                                                                                        |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 7 軽労働はよいが重労働は禁ずる。ただし、休憩時間を多くとる。                                                                            |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 8 疲れない程度の普通の生活                                                                                             |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑫ 備 考                                                                                                      |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 上記のとおり、診断します。<br>令和 年 月 日<br>病院又は診療所の名称<br>所 在 地<br>診療担当科名 医 師 氏 名                                         |                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |      |     |  |  |  |        |     |  |  |  |              |       |  |  |  |       |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |

◎ 裏面の注意をよく読んでから記入してください。障害者の障害の程度及び障害の認定に無関係な欄は記入する必要がありません。

◎ 字は楷書<sup>かいしょ</sup>ではっきりと書いてください。

注 意

- 1 この診断書は、特別障害者手当の受給資格を認定するための資料の一つです。  
この診断書は障害者の障害の状態を証明するために使用されますが、記入事項に不明な点がありますと認定が遅くなることがありますので、詳しく記入してください。
- 2 ○・×で答えられる欄は、該当するものを○で囲んでください。記入しきれない場合は、別に紙片をはり付けてそれに記入してください。
- 3 ⑤の欄は、この診断書を作成するための診断日ではなく障害者が障害の原因となった傷病については初めて医師の診断を受けた日を記入してください。前に他の医師が診断している場合は、障害者本人又はその父母等の申立てによって記入してください。  
また、それが不明な場合には、その旨を記入してください。
- 4 ⑨の欄の「1 臨床所見」の検査成績は、過去3か月間において、症状を最もよく表している検査成績をそれぞれ記入してください。なお、人工透析療法を実施している人の腎機能検査成績は当該療法の導入後であって、毎回の透析実施前の検査成績を記入してください。
- 5 ⑨の欄の「1 臨床所見」の検査成績の「血清アルブミン」については、BCG法、BCP法又は改良型BCP法のいずれかに○を付してください。