

補装具費支給に関する医学的意見書 聴覚

氏名

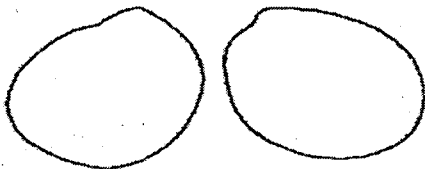
M T S H R 年 月 日生 (歳)

原傷病名

「障害者の日常生活及び社会生活を総合的に支援するための法律施行令」で定める特殊の疾病（難病等一別紙参照）に

該当しない

該当する

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| 障 害 の 状 況 | <p>①障がい名 ()</p> <p><input type="checkbox"/> 伝音性 <input type="checkbox"/> 感音性 <input type="checkbox"/> 混合性</p> <p>②病歴・現症 障がい状況</p> <p>※上記、難病に該当する人について、症状等の日内変動についてもご記入ください</p> <p>※人工内耳の手術歴と予定について</p> <p>・右耳： 年 月 日 (手術日・手術予定)</p> <p>・左耳： 年 月 日 (手術日・手術予定)</p> <p>③鼓膜所見</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">右</div> <div style="text-align: center;">左</div> </div> <div style="text-align: center; margin-top: 20px;">  </div> | <p>④オーディオグラム</p> <div style="text-align: center; margin-bottom: 5px;">周波数 Hz</div> <table style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td></td> <td>125</td> <td>250</td> <td>500</td> <td>1,000</td> <td>2,000</td> <td>4,000</td> <td>8,000</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">-20</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>-10</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>0</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>10</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>20</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>30</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>40</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>50</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>60</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>70</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>90</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>100</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>110</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>120</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center; margin-top: 10px;"> <tr> <td></td> <td style="width: 50px;">右</td> <td style="width: 50px;">左</td> </tr> <tr> <td style="text-align: left;">平均聴力レベル</td> <td>dB</td> <td>dB</td> </tr> <tr> <td style="text-align: left;">語音明瞭度</td> <td>%</td> <td>%</td> </tr> </table> | | 125 | 250 | 500 | 1,000 | 2,000 | 4,000 | 8,000 | -20 | | | | | | | | -10 | | | | | | | | 0 | | | | | | | | 10 | | | | | | | | 20 | | | | | | | | 30 | | | | | | | | 40 | | | | | | | | 50 | | | | | | | | 60 | | | | | | | | 70 | | | | | | | | 80 | | | | | | | | 90 | | | | | | | | 100 | | | | | | | | 110 | | | | | | | | 120 | | | | | | | | | 右 | 左 | 平均聴力レベル | dB | dB | 語音明瞭度 | % | % |
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| 平均聴力レベル | dB | dB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 語音明瞭度 | % | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 補 聴 器 (ポ ケ ッ ト 型) の 処 方 | <p>※原則は、1個支給です。就学上・就業上で両耳装用が必要な人については、必要な理由の記載をお願いします。</p> <p><input type="checkbox"/> 高度難聴用ポケット型 (右耳 左耳) <input type="checkbox"/> 高度難聴用耳かけ型 (右耳 左耳)</p> <p><input type="checkbox"/> 重度難聴用ポケット型 (右耳 左耳) <input type="checkbox"/> 重度難聴用耳かけ型 (右耳 左耳)</p> <p><input type="checkbox"/> 人工内耳用音声信号処理装置の修理</p> <p>■ イヤーモールドの必要性 (右耳 左耳 理由:)</p> <p>■ 補聴効果について <input type="checkbox"/> コミュニケーション能力の向上 <input type="checkbox"/> 安全性の向上 <input type="checkbox"/> 言語・聴能の発達促進</p> <p style="padding-left: 100px;"><input type="checkbox"/> その他 ()</p> <p>■ 両耳装用が必要な理由 (理由:)</p> <p>■ 聴力レベルが90dB未満で、重度難聴用を処方する場合の理由 ()</p> <p>⇒ <u>耳あな型・骨導式・重度難聴用耳かけ用受信機等が必要な方は裏面に記載してください。</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>医療機関名</p> <p style="text-align: center;">令和 4 年 月 日</p> <p style="text-align: center;">5</p> <p style="text-align: center;">耳鼻咽喉科 医師</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

