

## 2. 要介護認定及びケアマネジメント事例集

本節では5つの要介護高齢者の事例について記述する。資料としての各事例の要介護認定調査票の結果および主治医意見書の記載は以下のものを共通資料をして用いる。紙面の都合上、英語版のみを示す。

Table1-1

ICF Certified Documentation Form

**1-1 Please circle the applicable number/s relating to the presence of paralysis. (Multiple answers possible)**

1. None	2. Left Upper Extremity	s730.00	3. Right upper extremity	s730.001	4. Left lower extremity	s750.002	5. Right lower extremity	s750.001	6. Other (Loss of limbs)	s798
	0 = No impairment	b730.00	0 = No impairment	b730.0	0 = No impairment	b730.0	0 = No impairment	b730.0	0 = No impairment	b730.0
<b>Present</b>	1 = Mild impairment	b730.01	1 = Mild impairment	b730.1	1 = Mild impairment	b730.1	1 = Mild impairment	b730.1	1 = Mild impairment	b730.1
	2 = Moderate impairment	b730.02	2 = Moderate impairment	b730.2	2 = Moderate impairment	b730.2	2 = Moderate impairment	b730.2	2 = Moderate impairment	b730.2
	3 = Severe impairment	b730.03	3 = Severe impairment	b730.3	3 = Severe impairment	b730.3	3 = Severe impairment	b730.3	3 = Severe impairment	b730.3
	4 = Complete impairment	b730.04	4 = Complete impairment	b730.4	4 = Complete impairment	b730.4	4 = Complete impairment	b730.4	4 = Complete impairment	b730.4
	8 = Not specified	b730.8	8 = Not specified	b730.8	8 = Not specified	b730.8	8 = Not specified	b730.8	8 = Not specified	b730.8
	9 = Not applicable	b730.9	9 = Not applicable	b730.9	9 = Not applicable	b730.9	9 = Not applicable	b730.9	9 = Not applicable	b730.9

**1-2 Please circle the applicable number/s relating to the presence of contracture. (Multiple answers possible)**

1. None	2. Shoulder joint	s7201	3. Hip joint	s75001	4. Knee joint	s75011	5. Other (loss of limbs)	s798
<b>Present</b>	0 = No impairment	b710.0	0 = No impairment	b710.0	0 = No impairment	b710.0	0 = No impairment	b710.0
	1 = Mild impairment	b710.1	1 = Mild impairment	b710.1	1 = Mild impairment	b710.1	1 = Mild impairment	b710.1
	2 = Moderate impairment	b710.2	2 = Moderate impairment	b710.2	2 = Moderate impairment	b710.2	2 = Moderate impairment	b710.2
	3 = Severe impairment	b710.3	3 = Severe impairment	b710.3	3 = Severe impairment	b710.3	3 = Severe impairment	b710.3
	4 = Complete impairment	b710.4	4 = Complete impairment	b710.4	4 = Complete impairment	b710.4	4 = Complete impairment	b710.4
	8 = Not specified	b710.8	8 = Not specified	b710.8	8 = Not specified	b710.8	8 = Not specified	b710.8
	9 = Not applicable	b710.9	9 = Not applicable	b710.9	9 = Not applicable	b710.9	9 = Not applicable	b710.9

**1-3 Please circle the applicable number relating to rolling over while lying down.**

d4108		Changing basic body position, other specified		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Can perform without gripping on to objects</b>	No difficulty	d4108.0	d4108.x0	d4108.xx0
<b>2. Can perform by gripping on to objects</b>	Mild difficulty	d4108.1	d4108.x1	d4108.xx1
<b>3. Cannot perform</b>	Moderate difficulty	d4108.2	d4108.x2	d4108.xx2
	Severe difficulty	d4108.3	d4108.x3	d4108.xx3
	Complete difficulty	d4108.4	d4108.x4	d4108.xx4
	Not specified	d4108.8	d4108.x8	d4108.xx8
	Not applicable	d4108.9	d4108.x9	d4108.xx9

**1-4 Please circle the applicable number relating to sitting up.**

d4108		Changing basic body position, other specified		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Can perform without gripping on to objects</b>	No difficulty	d4108.0	d4108.x0	d4108.xx0
<b>2. Can perform by gripping on to objects</b>	Mild difficulty	d4108.1	d4108.x1	d4108.xx1
<b>3. Cannot perform</b>	Moderate difficulty	d4108.2	d4108.x2	d4108.xx2
	Severe difficulty	d4108.3	d4108.x3	d4108.xx3
	Complete difficulty	d4108.4	d4108.x4	d4108.xx4
	Not specified	d4108.8	d4108.x8	d4108.xx8
	Not applicable	d4108.9	d4108.x9	d4108.xx9

**1-5 Please circle the applicable number relating to maintaining a seated position.**

d4153		Maintaining a sitting position		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Can perform</b>	No difficulty	d4153.0	d4153.x0	d4153.xx0
<b>2. Can perform if supported using own hands</b>	Mild difficulty	d4153.1	d4153.x1	d4153.xx1
<b>3. Can perform if supported by others</b>	Moderate difficulty	d4153.2	d4153.x2	d4153.xx2

4. Cannot perform	Severe difficulty	d4153.3	d4153.x3	d4153.xx3
	Complete difficulty	d4153.4	d4153.x4	d4153.xx4
	Not specified	d4153.8	d4153.x8	d4153.xx8
	Not applicable	d4153.9	d4153.x9	d4153.xx9

**1-6 Please circle the applicable number relating to maintaining a two-legged standing position**

d4154		Maintaining a standing position		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without support	No difficulty	d4154.0	d4154.x0	d4154.xx0
2. Can perform with some kind of support	Mild difficulty	d4154.1	d4154.x1	d4154.xx1
3. Cannot perform	Moderate difficulty	d4154.2	d4154.x2	d4154.xx2
	Severe difficulty	d4154.3	d4154.x3	d4154.xx3
	Complete difficulty	d4154.4	d4154.x4	d4154.xx4
	Not specified	d4154.8	d4154.x8	d4154.xx8
	Not applicable	d4154.9	d4154.x9	d4154.xx9

**1-7 Please circle the applicable number relating to walking.**

d4500		Walking short distances		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without gripping on to objects	No difficulty	d4500.0	d4500.x0	d4500.xx0
2. Can perform by gripping on to objects	Mild difficulty	d4500.1	d4500.x1	d4500.xx1
3. Cannot perform	Moderate difficulty	d4500.2	d4500.x2	d4500.xx2
	Severe difficulty	d4500.3	d4500.x3	d4500.xx3
	Complete difficulty	d4500.4	d4500.x4	d4500.xx4
	Not specified	d4500.8	d4500.x8	d4500.xx8
	Not applicable	d4500.9	d4500.x9	d4500.xx9

**1-8 Please circle the applicable number relating to standing up.**

d4104		Standing		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without gripping on to objects	No difficulty	d4104.0	d4104.x0	d4104.xx0
2. Can perform by gripping on to objects	Mild difficulty	d4104.1	d4104.x1	d4104.xx1
3. Cannot perform	Moderate difficulty	d4104.2	d4104.x2	d4104.xx2
	Severe difficulty	d4104.3	d4104.x3	d4104.xx3
	Complete difficulty	d4104.4	d4104.x4	d4104.xx4
	Not specified	d4104.8	d4104.x8	d4104.xx8
	Not applicable	d4104.9	d4104.x9	d4104.xx9

**1-9 Please circle the applicable number relating to maintaining a one-legged standing position.**

d4106		Shifting the body's center of gravity		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform without support	No difficulty	d4106.0	d4106.x0	d4106.xx0
2. Can perform with some kind of support	Mild difficulty	d4106.1	d4106.x1	d4106.xx1
3. Cannot perform	Moderate difficulty	d4106.2	d4106.x2	d4106.xx2
	Severe difficulty	d4106.3	d4106.x3	d4106.xx3
	Complete difficulty	d4106.4	d4106.x4	d4106.xx4
	Not specified	d4106.8	d4106.x8	d4106.xx8
	Not applicable	d4106.9	d4106.x9	d4106.xx9

**1-10 Please circle the applicable number relating to washing oneself.**

d510		Washing oneself		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance

1. Not assisted	No difficulty	d510.0	d510.x0	d510.xx0
2. Partial assistance	Mild difficulty	d510.1	d510.x1	d510.xx1
3. Complete assistance	Moderate difficulty	d510.2	d510.x2	d510.xx2
4. Not performed	Severe difficulty	d510.3	d510.x3	d510.xx3
	Complete difficulty	d510.4	d510.x4	d510.xx4
	Not specified	d510.8	d510.x8	d510.xx8
	Not applicable	d510.9	d510.x9	d510.xx9

1-11 Please circle the applicable number relating to cutting nails.

**d5203** Caring for fingernails

**d5204** Caring for toenails

		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d520x.0	d520x.x0	d520x.xx0
2. Partial assistance	Mild difficulty	d520x.1	d520x.x1	d520x.xx1
3. Complete assistance	Moderate difficulty	d520x.2	d520x.x2	d520x.xx2
	Severe difficulty	d520x.3	d520x.x3	d520x.xx3
	Complete difficulty	d520x.4	d520x.x4	d520x.xx4
	Not specified	d520x.8	d520x.x8	d520x.xx5
	Not applicable	d520x.9	d520x.x9	d520x.xx6

1-12 Please circle the applicable number relating to sight.

**b210** Seeing functions

		Extent of impairment
1. Normal (no interference in daily life)	No impairment	b210.0
2. Can see an eye-test chart placed approx. 1 m away	Mild impairment	b210.1
3. Can see an eye-test chart placed directly in front of eyes	Moderate impairment	b210.2
4. Can barely see chart	Severe impairment	b210.3
5. Cannot determine whether chart can be seen	Complete impairment	b210.4
	Not specified	b210.8
	Not applicable	b210.9

1-13 Please circle the applicable number relating to hearing.

**b230** Hearing functions

		Extent of impairment
1. Normal	No impairment	b230.0
2. Can almost hear speech at a normal volume	Mild impairment	b230.1
3. Can almost hear loud speech	Moderate impairment	b230.2
4. Can barely hear anything	Severe impairment	b230.3
5. Cannot determine whether able to hear	Complete impairment	b230.4
	Not specified	b230.8
	Not applicable	b230.9

2-1 Please circle the applicable number relating to transferring.

**d420** Transferring oneself

		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Not assisted	No difficulty	d420.0	d420.x0	d420.xx0
2. With monitoring etc.	Mild difficulty	d420.1	d420.x1	d420.xx1
3. Partial assistance	Moderate difficulty	d420.2	d420.x2	d420.xx2
4. Complete assistance	Severe difficulty	d420.3	d420.x3	d420.xx3
	Complete difficulty	d420.4	d420.x4	d420.xx4
	Not specified	d420.8	d420.x8	d420.xx8
	Not applicable	d420.9	d420.x9	d420.xx9

**2-2 Please circle the applicable number relating to moving between locations.**

		<b>d455</b> Moving around		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Not assisted</b>	No difficulty	d455.0	d455.x0	d455.xx0
<b>2. With monitoring etc.</b>	Mild difficulty	d455.1	d455.x1	d455.xx1
<b>3. Partial assistance</b>	Moderate difficulty	d455.2	d455.x2	d455.xx2
<b>4. Complete assistance</b>	Severe difficulty	d455.3	d455.x3	d455.xx3
	Complete difficulty	d455.4	d455.x4	d455.xx4
	Not specified	d455.8	d455.x8	d455.xx8
	Not applicable	d455.9	d455.x9	d455.xx9

**2-3 Please circle the applicable number relating to swallowing.**

		<b>b510</b> Ingestion functions	
		Extent of impairment	
<b>1. Can perform</b>	No impairment	b510.0	
<b>2. With monitoring etc.</b>	Mild impairment	b510.1	
<b>3. Cannot perform</b>	Moderate impairment	b510.2	
	Severe impairment	b510.3	
	Complete impairment	b510.4	
	Not specified	b510.8	
	Not applicable	b510.9	

**2-4 Please circle the applicable number relating to dietary intake.**

		<b>d550</b> Eating		
		<b>d560</b> Drinking		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Not assisted</b>	No difficulty	d5x0.0	d5x0.x0	d5x0.xx0
<b>2. With monitoring etc.</b>	Mild difficulty	d5x0.1	d5x0.x1	d5x0.xx1
<b>3. Partial assistance</b>	Moderate difficulty	d5x0.2	d5x0.x2	d5x0.xx2
<b>4. Complete assistance</b>	Severe difficulty	d5x0.3	d5x0.x3	d5x0.xx3
	Complete difficulty	d5x0.4	d5x0.x4	d5x0.xx4
	Not specified	d5x0.8	d5x0.x8	d5x0.xx8
	Not applicable	d5x0.9	d5x0.x9	d5x0.xx9

**2-5 Please circle the applicable number relating to urination.**

		<b>b620</b> Urination functions		<b>d5300</b> Regulating urination		
		Extent of impairment		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Not assisted</b>	No impairment	b620.0	No difficulty	d5300.0	d5300.x0	d5300.xx0
<b>2. With monitoring etc.</b>	Mild impairment	b620.1	Mild difficulty	d5300.1	d5300.x1	d5300.xx1
<b>3. Partial assistance</b>	Moderate impairment	b620.2	Moderate difficulty	d5300.2	d5300.x2	d5300.xx2
<b>4. Complete assistance</b>	Severe impairment	b620.3	Severe difficulty	d5300.3	d5300.x3	d5300.xx3
	Complete impairment	b620.4	Complete difficulty	d5300.4	d5300.x4	d5300.xx4
	Not specified	b620.8	Not specified	d5300.8	d5300.x8	d5300.xx8
	Not applicable	b620.9	Not applicable	d5300.9	d5300.x9	d5300.xx9

**2-6 Please circle the applicable number relating to defecation.**

		<b>b525</b> Defecation functions		<b>d5301</b> Regulating defecation		
		Extent of impairment		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Not assisted</b>	No impairment	b525.0	No difficulty	d5301.0	d5301.x0	d5301.xx0
<b>2. With monitoring etc.</b>	Mild impairment	b525.1	Mild difficulty	d5301.1	d5301.x1	d5301.xx1

<b>3. Partial assistance</b>	Moderate impairment	b525.2	Moderate difficulty	d5301.2	d5301.x2	d5301.xx2
<b>4. Complete assistance</b>	Severe impairment	b525.3	Severe difficulty	d5301.3	d5301.x3	d5301.xx3
	Complete impairment	b525.4	Complete difficulty	d5301.4	d5301.x4	d5301.xx4
	Not specified	b525.8	Not specified	d5301.8	d5301.x8	d5301.xx8
	Not applicable	b525.9	Not applicable	d5301.9	d5301.x9	d5301.xx9

**2-7 Please circle the applicable number relating to oral hygiene.**

<b>d5201</b>		Caring for teeth				
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance		
<b>1. Not assisted</b>	No difficulty	d5201.0	d5201.x0	d5201.xx0		
<b>2. Partial assistance</b>	Mild difficulty	d5201.1	d5201.x1	d5201.xx1		
<b>3. Complete assistance</b>	Moderate difficulty	d5201.2	d5201.x2	d5201.xx2		
	Severe difficulty	d5201.3	d5201.x3	d5201.xx3		
	Complete difficulty	d5201.4	d5201.x4	d5201.xx4		
	Not specified	d5201.8	d5201.x8	d5201.xx8		
	Not applicable	d5201.9	d5201.x9	d5201.xx9		

**2-8 Please circle the applicable number relating to face washing.**

<b>d5100</b>		Washing body parts			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance	
<b>1. Not assisted</b>	No difficulty	d5100.0	d5100.x0	d5100.xx0	
<b>2. Partial assistance</b>	Mild difficulty	d5100.1	d5100.x1	d5100.xx1	
<b>3. Complete assistance</b>	Moderate difficulty	d5100.2	d5100.x2	d5100.xx2	
	Severe difficulty	d5100.3	d5100.x3	d5100.xx3	
	Complete difficulty	d5100.4	d5100.x4	d5100.xx4	
	Not specified	d5100.8	d5100.x8	d5100.xx8	
	Not applicable	d5100.9	d5100.x9	d5100.xx9	

**2-9 Please circle the applicable number relating to hair grooming.**

<b>d5202</b>		Caring for hair			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance	
<b>1. Not assisted</b>	No difficulty	d5202.0	d5202.x0	d5202.xx0	
<b>2. Partial assistance</b>	Mild difficulty	d5202.1	d5202.x1	d5202.xx1	
<b>3. Complete assistance</b>	Moderate difficulty	d5202.2	d5202.x2	d5202.xx2	
	Severe difficulty	d5202.3	d5202.x3	d5202.xx3	
	Complete difficulty	d5202.4	d5202.x4	d5202.xx4	
	Not specified	d5202.8	d5202.x8	d5202.xx8	
	Not applicable	d5202.9	d5202.x9	d5202.xx9	

**2-10 Please circle the applicable number relating to wearing/removing upper garments.**

<b>d5400</b>		Putting on clothes			
<b>d5401</b>		Taking off clothes			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance	
<b>1. Not assisted</b>	No difficulty	d540x.0	d540x.x0	d540x.xx0	
<b>2. With monitoring etc.</b>	Mild difficulty	d540x.1	d540x.x1	d540x.xx1	
<b>3. Partial assistance</b>	Moderate difficulty	d540x.2	d540x.x2	d540x.xx2	
<b>4. Complete assistance</b>	Severe difficulty	d540x.3	d540x.x3	d540x.xx3	
	Complete difficulty	d540x.4	d540x.x4	d540x.xx4	
	Not specified	d540x.8	d540x.x8	d540x.xx8	
	Not applicable	d540x.9	d540x.x9	d540x.xx9	

**2-11 Please circle the applicable number relating to wearing/removing trousers etc.**

<b>d5400</b>		Putting on clothes		
<b>d5401</b>		Taking off clothes		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Not assisted</b>	No difficulty	d540x.0	d540x.x0	d540x.xx0
<b>2. With monitoring etc.</b>	Mild difficulty	d540x.1	d540x.x1	d540x.xx1
<b>3. Partial assistance</b>	Moderate difficulty	d540x.2	d540x.x2	d540x.xx2
<b>4. Complete assistance</b>	Severe difficulty	d540x.3	d540x.x3	d540x.xx3
	Complete difficulty	d540x.4	d540x.x4	d540x.xx4
	Not specified	d540x.8	d540x.x8	d540x.xx8
	Not applicable	d540x.9	d540x.x9	d540x.xx9

**2-12 Please circle the applicable number relating to frequency of going outside the house.**

- 1. One or more times per week**
- 2. One or more times per month**
- 3. Less than once per month**

**3-1 Please circle the applicable number relating to communicating intent.**

<b>b110</b>		Consciousness functioning	
		Extent of impairment	
<b>1. The individual can communicate their intent to others</b>	No impairment	b110.0	
<b>2. Can communicate sometimes</b>	Mild impairment	b110.1	
<b>3. Can almost never communicate</b>	Moderate impairment	b110.2	
<b>4. Cannot communicate</b>	Severe impairment	b110.3	
	Complete impairment	b110.4	
	Not specified	b110.8	
	Not applicable	b110.9	

**3-2 Please circle the applicable number relating to understanding daily routines.**

<b>d2301</b>		Managing daily routine		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Can perform</b>	No difficulty	d2301.0	d2301.x0	d2301.xx0
<b>2. Cannot perform</b>	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

**3-3 Please circle the applicable number relating to communicating date of birth and age.**

<b>b114</b>		Orientation functions	
		Extent of impairment	
<b>1. Can perform</b>	No impairment	b114.0	
<b>2. Cannot perform</b>	Mild impairment	b114.1	
	Moderate impairment	b114.2	
	Severe impairment	b114.3	
	Complete impairment	b114.4	
	Not specified	b114.8	
	Not applicable	b114.9	

**3-4 Please circle the applicable number relating to short-term memory (remembering what happened immediately prior to this survey).**

<b>b1440</b>		Short-term memory	
		Extent of impairment	

<b>1. Can perform</b>	No impairment	b1440.0	
<b>2. Cannot perform</b>	Mild impairment	<b>b1440.1</b>	
	Moderate impairment	b1440.2	
	Severe impairment	b1440.3	
	Complete impairment	b1440.4	
	Not specified	b1440.8	
	Not applicable	b1440.9	

**3-5 Please circle the applicable number relating to saying ones' name.**

<b>b114</b>		Orientation functions	
		Extent of impairment	
<b>1. Can perform</b>	No impairment	b114.0	
<b>2. Cannot perform</b>	Mild impairment	<b>b114.1</b>	
	Moderate impairment	b114.2	
	Severe impairment	b114.3	
	Complete impairment	b114.4	
	Not specified	b114.8	
	Not applicable	b114.9	

**3-6 Please circle the applicable number relating to understanding the current season.**

<b>b1148</b>		Orientation functions, other specified	
		Extent of impairment	
<b>1. Can perform</b>	No impairment	b1148.0	
<b>2. Cannot perform</b>	Mild impairment	<b>b1148.1</b>	
	Moderate impairment	b1148.2	
	Severe impairment	b1148.3	
	Complete impairment	b1148.4	
	Not specified	b1148.8	
	Not applicable	b1148.9	

**3-7 Please circle the applicable number relating to understanding ones' location (in response to being asked).**

<b>b1141</b>		Orientation to place	
		Extent of impairment	
<b>1. Can perform</b>	No impairment	b1141.0	
<b>2. Cannot perform</b>	Mild impairment	<b>b1141.1</b>	
	Moderate impairment	b1141.2	
	Severe impairment	b1141.3	
	Complete impairment	b1141.4	
	Not specified	b1141.8	
	Not applicable	b1141.9	

**3-8 Please circle the applicable number relating to wandering.**

<b>b198</b>		Mental functions, other specified	
		Extent of impairment	
<b>1. None</b>	No impairment	<b>b198.0</b>	
<b>2. Occasionally</b>	Mild impairment	b198.1	
<b>3. Present</b>	Moderate impairment	b198.2	
	Severe impairment	b198.3	
	Complete impairment	b198.4	
	Not specified	b198.8	



Not applicable b198.9

**3-9 Please circle the applicable number relating to not being able to return after leaving the house.**

**b1141 Orientation to place**

		Extent of impairment
<b>1. None</b>	No impairment	b1141.0
<b>2. Occasionally</b>	Mild impairment	<b>b1141.1</b>
<b>3. Present</b>	Moderate impairment	b1141.2
	Severe impairment	b1141.3
	Complete impairment	b1141.4
	Not specified	b1141.8
	Not applicable	b1141.9

**4-1 Please circle the applicable number relating to being a victim of theft etc..**

**b160 Thought functions**

		Extent of impairment
<b>1. None</b>	No impairment	b160.0
<b>2. Occasionally</b>	Mild impairment	b160.1
<b>3. Present</b>	Moderate impairment	<b>b160.2</b>
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

**4-2 Please circle the applicable number relating to fabricating stories.**

**b160 Thought functions**

		Extent of impairment
<b>1. None</b>	No impairment	b160.0
<b>2. Occasionally</b>	Mild impairment	<b>b160.1</b>
<b>3. Present</b>	Moderate impairment	b160.2
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

**4-3 Please circle the applicable number relating unstable emotions such as crying/laughing.**

**b152 Emotional functions**

		Extent of impairment
<b>1. None</b>	No impairment	b152.0
<b>2. Occasionally</b>	Mild impairment	<b>b152.1</b>
<b>3. Present</b>	Moderate impairment	b152.2
	Severe impairment	b152.3
	Complete impairment	b152.4
	Not specified	b152.8
	Not applicable	b152.9

**4-4 Please circle the applicable number relating to reversal of night/day.**

**b134 Sleep functions**

		Extent of impairment
<b>1. None</b>	No impairment	b134.0
<b>2. Occasionally</b>	Mild impairment	b134.1
<b>3. Present</b>	Moderate impairment	<b>b134.2</b>

	Severe impairment	b134.3	
	Complete impairment	b134.4	
	Not specified	b134.8	
	Not applicable	b134.9	

**4-5 Please circle the applicable number relating to repeating the same topics of conversation.**

<b>b160</b>		Thought functions	
		Extent of impairment	
<b>1. None</b>	No impairment	b160.0	
<b>2. Occasionally</b>	Mild impairment	<b>b160.1</b>	
<b>3. Present</b>	Moderate impairment	b160.2	
	Severe impairment	b160.3	
	Complete impairment	b160.4	
	Not specified	b160.8	
	Not applicable	b160.9	

**4-6 Please circle the applicable number relating to shouting.**

<b>b152</b>		Emotional functions	
		Extent of impairment	
<b>1. None</b>	No impairment	b152.0	
<b>2. Occasionally</b>	Mild impairment	<b>b152.1</b>	
<b>3. Present</b>	Moderate impairment	b152.2	
	Severe impairment	b152.3	
	Complete impairment	b152.4	
	Not specified	b152.8	
	Not applicable	b152.9	

**4-7 Please circle the applicable number relating to resisting nursing care.**

<b>b198</b>		Mental functions, other specified	
		Extent of impairment	
<b>1. None</b>	No impairment	b198.0	
<b>2. Occasionally</b>	Mild impairment	<b>b198.1</b>	
<b>3. Present</b>	Moderate impairment	b198.2	
	Severe impairment	b198.3	
	Complete impairment	b198.4	
	Not specified	b198.8	
	Not applicable	b198.9	

**4-8 Please circle the applicable number relating to saying "I want to go home" etc. and being unable to calm down.**

<b>b1141</b>		Orientation to place	
		Extent of impairment	
<b>1. None</b>	No impairment	b1141.0	
<b>2. Occasionally</b>	Mild impairment	<b>b1141.1</b>	
<b>3. Present</b>	Moderate impairment	b1141.2	
	Severe impairment	b1141.3	
	Complete impairment	b1141.4	
	Not specified	b1141.8	
	Not applicable	b1141.9	

**4-9 Please circle the applicable number relating to wanting to go outside alone, thereby requiring constant attention.**

<b>b114</b>		Orientation functions	
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		Extent of impairment
<b>1. None</b>	No impairment	b114.0
<b>2. Occasionally</b>	Mild impairment	<b>b114.1</b>
<b>3. Present</b>	Moderate impairment	b114.2
	Severe impairment	b114.3
	Complete impairment	b114.4
	Not specified	b114.8
	Not applicable	b114.9

**4-10 Please circle the applicable number relating to collecting items or taking items without permission.**

**b164 Higher-level cognitive functions**

		Extent of impairment
<b>1. None</b>	No impairment	b164.0
<b>2. Occasionally</b>	Mild impairment	<b>b164.1</b>
<b>3. Present</b>	Moderate impairment	b164.2
	Severe impairment	b164.3
	Complete impairment	b164.4
	Not specified	b164.8
	Not applicable	b164.9

**4-11 Please circle the applicable number relating to breaking objects or damaging clothing.**

**b1521 Regulation of emotion**

		Extent of impairment
<b>1. None</b>	No impairment	b1521.0
<b>2. Occasionally</b>	Mild impairment	<b>b1521.1</b>
<b>3. Present</b>	Moderate impairment	b1521.2
	Severe impairment	b1521.3
	Complete impairment	b1521.4
	Not specified	b1521.8
	Not applicable	b1521.9

**4-12 Please circle the applicable number relating to extreme forgetfulness.**

**b144 Memory functions**

		Extent of impairment
<b>1. None</b>	No impairment	b144.0
<b>2. Occasionally</b>	Mild impairment	b144.1
<b>3. Present</b>	Moderate impairment	<b>b144.2</b>
	Severe impairment	b144.3
	Complete impairment	b144.4
	Not specified	b144.8
	Not applicable	b144.9

**4-13 Please circle the applicable number relating to meaningless self-talk or laughing to oneself.**

**b198 Mental functions, other specified**

		Extent of impairment
<b>1. None</b>	No impairment	b198.0
<b>2. Occasionally</b>	Mild impairment	<b>b198.1</b>
<b>3. Present</b>	Moderate impairment	b198.2
	Severe impairment	b198.3
	Complete impairment	b198.4

	Not specified	b198.8
	Not applicable	b198.9

**4-14 Please circle the applicable number relating to selfish conduct without regard for others.**

<b>b198</b>	Mental functions, other specified	
		Extent of impairment
<b>1. None</b>	No impairment	b198.0
<b>2. Occasionaly</b>	Mild impairment	b198.1
<b>3. Present</b>	Moderate impairment	b198.2
	Severe impairment	b198.3
	Complete impairment	b198.4
	Not specified	b198.8
	Not applicable	b198.9

**4-15 Please circle the applicable number relating to constantly speaking in a manner that does not allow for conversation.**

<b>b160</b>	Thought functions	
		Extent of impairment
<b>1. None</b>	No impairment	b160.0
<b>2. Occasionaly</b>	Mild impairment	b160.1
<b>3. Present</b>	Moderate impairment	b160.2
	Severe impairment	b160.3
	Complete impairment	b160.4
	Not specified	b160.8
	Not applicable	b160.9

**5-1 Please circle the applicable number relating to taking medication.**

<b>d2301</b>	Managing daily routine			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Independent</b>	No difficulty	d2301.0	d2301.x0	d2301.xx0
<b>2. Partial assistance</b>	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
<b>3. Complete assistance</b>	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

**5-2 Please circle the applicable number relating to monetary management.**

<b>d2301</b>	Managing daily routine			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Independent</b>	No difficulty	d2301.0	d2301.x0	d2301.xx0
<b>2. Partial assistance</b>	Mild difficulty	d2301.1	d2301.x1	d2301.xx1
<b>3. Complete assistance</b>	Moderate difficulty	d2301.2	d2301.x2	d2301.xx2
	Severe difficulty	d2301.3	d2301.x3	d2301.xx3
	Complete difficulty	d2301.4	d2301.x4	d2301.xx4
	Not specified	d2301.8	d2301.x8	d2301.xx8
	Not applicable	d2301.9	d2301.x9	d2301.xx9

**5-3 Please circle the applicable number relating to decision making in daily life.**

<b>d177</b>	Making decisions			
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
<b>1. Can perform</b>	No difficulty	d177.0	d177.x0	d177.xx0

2. Can perform in normal circumstances	Mild difficulty	d177.1	d177.x1	d177.xx1
3. Difficult in normal circumstances	Moderate difficulty	d177.2	d177.x2	d177.xx2
4. Cannot perform	Severe difficulty	d177.3	d177.x3	d177.xx3
	Complete difficulty	d177.4	d177.x4	d177.xx4
	Not specified	d177.8	d177.x8	d177.xx8
	Not applicable	d177.9	d177.x9	d177.xx9

**5-4 Please circle the applicable number relating to not being able to fit in with groups.**

d710		Basic interpersonal interactions		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. None	No difficulty	d710.0	d710.x0	d710.xx0
2. Occasionally	Mild difficulty	d710.1	d710.x1	d710.xx1
3. Present	Moderate difficulty	d710.2	d710.x2	d710.xx2
	Severe difficulty	d710.3	d710.x3	d710.xx3
	Complete difficulty	d710.4	d710.x4	d710.xx4
	Not specified	d710.8	d710.x8	d710.xx8
	Not applicable	d710.9	d710.x9	d710.xx9

**5-5 Please circle the applicable number relating to shopping.**

d6200		Shopping		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform	No difficulty	d6200.0	d6200.x0	d6200.xx0
2. with monitoring etc.	Mild difficulty	d6200.1	d6200.x1	d6200.xx1
3. Partial assistance	Moderate difficulty	d6200.2	d6200.x2	d6200.xx2
4. Complete assistance	Severe difficulty	d6200.3	d6200.x3	d6200.xx3
	Complete difficulty	d6200.4	d6200.x4	d6200.xx4
	Not specified	d6200.8	d6200.x8	d6200.xx8
	Not applicable	d6200.9	d6200.x9	d6200.xx9

**5-6 Please circle the applicable number relating to basic cooking skills.**

d6300		Preparing simple meals		
		Extent of difficulty related to performance	Extent of difficulty related to capacity	Extent of difficulty with assistance
1. Can perform	No difficulty	d6300.0	d6300.x0	d6300.xx0
2. With monitoring etc.	Mild difficulty	d6300.1	d6300.x1	d6300.xx1
3. Partial assistance	Moderate difficulty	d6300.2	d6300.x2	d6300.xx2
4. Complete assistance	Severe difficulty	d6300.3	d6300.x3	d6300.xx3
	Complete difficulty	d6300.4	d6300.x4	d6300.xx4
	Not specified	d6300.8	d6300.x8	d6300.xx8
	Not applicable	d6300.9	d6300.x9	d6300.xx9

**6 14-2 Please circle the applicable number/s relating to medical care undertaken in the past 14 days. (Multiple answers possible)**

6-1	Drip management	D132	Infusion route	D441	Peripheral venous catheter
6-2	Intravenous hyperalimentation	D440	Central venous catheter		
6-3	Dialysis	C152	Guidance on dialysis management		
6-4	Stoma (artificial anus) procedure	C145	Guidance on stoma management		
6-5	Oxygen therapy	D114	Oxygen therapy		
6-6	Respirator (mechanical ventilation)	D273	Confirmation of respiratory functioning		
6-7	Tracheotomy procedure	D546	Tracheal cannula		
6-8	Nursing for pain	C064	Pain relief		
6-9	Tubal feeding	C024	Tubal feeding		

6-10	Monitoring measurements (blood pressure, heart rate, oxygen saturation etc.)				
6-11	Bedsore treatment	C368	Bedsore prevention		
6-12	Catheters (condom-type, indwelling, urostoma etc.)	C277	Condom-type	C040	Indwelling catheter
7	<b>2-12 Please circle one applicable number relating to level of independence in daily life.</b>				
7-1	Level of independence in daily life for disabled, elderly individual (level of bed confinement)	Independent / J1 / J2 / A1 / <b>A2</b> / B1 / B2 / C1 / C2			
7-2	Level of independence in daily life for elderly individual with dementia	Independent / I / <b>II a</b> / II b / III a / III b / IV / M			

(2) Primary Physician's Report Using ICF (International Classification of Functioning, Disability and Health) Descriptors (Table 1-2)

Primary Physician's Report

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant:		Female	Address
			Zip Code          -
	Date of Birth Year:    Month:    Day:    (Aged:80)		Phone          (    )
<p>The following is a report of the applicant's status of health.          As this individual's primary physician I hereby   <input type="checkbox"/> Consent   <input type="checkbox"/> Do Not Consent to this report being used for the purpose of creating a nursing care service plan.  <u>Physician's Name:</u> _____</p> <p><u>Name of Health Care Facility:</u> _____ <u>Phone:</u>          (    ) _____</p> <p><u>Address of Health Care Facility</u> _____ <u>Fax:</u>                  (    ) _____</p>			
(1) Date of Last Examination	Year:                  Month:                  Day:		
(2) Number of Reports Created in Past:	<input type="checkbox"/> None <input type="checkbox"/> 1 or More		
(3) Examinations Received from Other Physicians (Different Branches of Medicine)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) → <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Clinical Psychiatry <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedics <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Dermatology <input type="checkbox"/> Urology <input type="checkbox"/> Gynecology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> ENT <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Dentistry <input type="checkbox"/> Other (                  )		

1. Report of Injury/Illness

<p>(1) Name of diagnosis and ICD (name of <u>specified disease</u> or <u>name of injury/illness directly attributable to decrease in functioning</u> to be filled in under 1. ) and date of onset</p> <p>1. <u>Knee osteoarthritis</u>                          ( <u>M171</u>                  )    Date of onset (Year: 2002 Month:    Date:    )</p> <p>2. <u>Degenerative spondylosis</u>                  ( <u>M4799</u>                  )    Date of onset (Year: 1998    Month:    Date:    )</p> <p>3. <u>Alzheimer's disease</u>                          ( <u>G309</u>                  )    Date of onset (Year: 2005    Month:    Date:    )</p>			
<p>(2) Symptoms Are    <input checked="" type="checkbox"/> Stable    <input type="checkbox"/> Unstable    <input type="checkbox"/> Unclear          (if unstable please list specific details)</p>			
<p>(3) Details of progression of injury/illness or specified disease directly attributable to decrease in functioning, as well as details of medication and therapy          (Specify basis/rationale for diagnosis of <u>issues which had an impact on nursing care in the past 6 months and specified disease.</u>)</p> <p>Patient has osteoporotic osteoporosis and knee osteoarthritis. Recently there has been a decline in muscle strength. Since about 2005, forgetfulness became severe and symptoms of visual hallucinations and auditory hallucinations began to appear. She has been diagnosed with Alzheimer's disease at a memory loss clinic.</p>			

2. Special medical care (Select all that has been undertaken in the past 14 days)

Codes should be sourced from the Practical Nursing Care Terminology Standards Master <Nursing Conduct Vers. 3.1>

<u>Details of Procedure</u>	<input type="checkbox"/> Drip Management (D132;Infusion Route, D441;Peripheral Venous Catheter) <input type="checkbox"/> Intravenous Hyperalimentation (D440;Central Venous Catheter) <input type="checkbox"/> Dialysis (C152;Dialysis Management) <input type="checkbox"/> Stoma Procedure (C145;Stoma Management Guidance) <input type="checkbox"/> Oxygen Therapy (D114;Oxygen Therapy) <input type="checkbox"/> Respirator (D273;Confirmation of Respirator Function) <input type="checkbox"/> Tracheotomy Procedure (D546;Tracheal Cannula) <input type="checkbox"/> Nursing for Pain (064;Pain Relief) <input type="checkbox"/> Tubal Feeding (C024;Tubal Feeding)
<u>Special Measures</u>	<input type="checkbox"/> Monitoring Measurements (Blood Pressure, Heart Rate, Oxygen Saturation etc.)
<u>Measures for Incontinence</u>	<input type="checkbox"/> Bedsore Procedure (D428;Bedsore Procedure/Management) <input type="checkbox"/> Catheter (C277; Condom Catheter, C040; Indwelling Catheter etc.)

3. Report of Physical/Mental Status

(1) Level of Independence in Daily Life

- Level of independence in daily life for disabled, elderly individual (level of bed confinement)

Independent  J1  J2  A1  A2  B1  B2  C1  C2

- Level of independence in daily life for elderly individual with dementia

Independent  I  IIa  IIb  IIIa  IIIb  IV  M

(2) Core Symptoms of Dementia (includes conditions that are not dementia but are causing similar symptoms)

	None	Mild	Moderate	■ Severe	Complete Impairment	Not specified	Not applicable
• Short-Term Memory (b1440)							
Extent of impairment	<input type="checkbox"/> b114.0	<input type="checkbox"/> b114.1	<input type="checkbox"/> b114.2	<input checked="" type="checkbox"/> b114.3	<input type="checkbox"/> b114.4	<input type="checkbox"/> b114.8	<input type="checkbox"/> b114.9
• Cognitive capacity for decision making in daily life (d177)							
Extent of Difficulty	Performance	<input type="checkbox"/> d177.0	<input type="checkbox"/> d177.1	<input type="checkbox"/> d 177.2	<input checked="" type="checkbox"/> d177.3	<input type="checkbox"/> d177.4	<input type="checkbox"/> d 177.8 <input type="checkbox"/> d177.9



Capacity With Assistance	<input type="checkbox"/> d177.x0	<input type="checkbox"/> d177.x1	<input type="checkbox"/> d177.x2	<input checked="" type="checkbox"/> d177.x3	<input type="checkbox"/> d177.x4	<input type="checkbox"/> d177.x8	<input type="checkbox"/> d177.x9
	<input type="checkbox"/> d177.xx0	<input type="checkbox"/> d177.xx1	<input type="checkbox"/> d177.xx2	<input checked="" type="checkbox"/> d177.xx3	<input type="checkbox"/> d177.xx4	<input type="checkbox"/> d177.xx8	<input type="checkbox"/> d177.xx9
• Ability to Communicate Intent (b110)							
Extent of impairment	<input type="checkbox"/> b110.0	<input type="checkbox"/> b110.1	<input checked="" type="checkbox"/> b110.2	<input type="checkbox"/> b110.3	<input type="checkbox"/> b110.4	<input type="checkbox"/> b110.8	<input type="checkbox"/> b110.9
(2) Peripheral Symptoms of Dementia (Tick all applicable items: Includes conditions that are not dementia but are causing similar symptoms)							
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> Visual/Auditory Hallucination <input checked="" type="checkbox"/> Delusions <input checked="" type="checkbox"/> Day-Night Reversal <input type="checkbox"/> Abusive Language <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Resists Nursing Care <input type="checkbox"/> Wandering <input type="checkbox"/> Careless Handling of Fire <input type="checkbox"/> Unhygienic Behavior <input type="checkbox"/> Pica <input type="checkbox"/> Problematic Sexual Behavior <input type="checkbox"/> Other ( )						
(4) Other Mental/Psychological Symptoms							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Present [ Symptom name: _____ Diagnosis from Specialist <input checked="" type="checkbox"/> Yes ( ) <input type="checkbox"/> No ]							
(5) Physical Status							
Dominant Arm ( <input checked="" type="checkbox"/> Right <input type="checkbox"/> Left)							
Height: 147 cm Weight: 33 kg (Change in weight over past 6 months <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Maintained <input type="checkbox"/> Decrease)							
Loss of Limbs <input checked="" type="checkbox"/> None							
<input type="checkbox"/> Complete Loss of Upper Right Extremity (s730.x11) <input type="checkbox"/> Partial Loss of Upper Right Extremity (s730.x21) <input type="checkbox"/> Complete Loss of Upper Left Extremity (s730.x12) <input type="checkbox"/> Partial Loss of Lower Left Extremity (s730.x22) <input type="checkbox"/> Complete Loss of Lower Right Extremity (s750.x11) <input type="checkbox"/> Partial Loss of Lower Right Extremity (s750.x21) <input type="checkbox"/> Complete Loss of Lower Left Extremity (s750.x12) <input type="checkbox"/> Partial Loss of Lower Left Extremity (s750.x22)							
Paralysis <input type="checkbox"/> None	Reduction in Muscle Power Functions						
	Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9	
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9	
<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9	
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b730.1	<input type="checkbox"/> b730.2	<input type="checkbox"/> b730.3	<input type="checkbox"/> b730.4	<input type="checkbox"/> b730.8	<input type="checkbox"/> b730.9	
Reduction in Muscle Strength <input checked="" type="checkbox"/> None	Reduction in Muscular Tone Functions						
	Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9	
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9	
<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9	
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b735.1	<input type="checkbox"/> b735.2	<input type="checkbox"/> b735.3	<input type="checkbox"/> b735.4	<input type="checkbox"/> b735.8	<input type="checkbox"/> b735.9	
Contracture of Joints <input checked="" type="checkbox"/> None	Mobility of Joint Functions						
	Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Shoulder Joint (s7201.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
<input type="checkbox"/> Right Shoulder Joint (s7201.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
<input type="checkbox"/> Left Hip Joint (s75001.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
<input type="checkbox"/> Right Hip Joint (s75001.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
<input type="checkbox"/> Left Knee Joint (s75011.002)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
<input type="checkbox"/> Right Knee Joint (s75011.001)	<input type="checkbox"/> b710.1	<input type="checkbox"/> b710.2	<input type="checkbox"/> b710.3	<input type="checkbox"/> b710.4	<input type="checkbox"/> b710.8	<input type="checkbox"/> b710.9	
Joint Pain <input type="checkbox"/> None	Pain in Joints						
	Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Shoulder Joint (s7201.002)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
<input type="checkbox"/> Right Shoulder Joint (s7201.001)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
<input type="checkbox"/> Left Hip Joint (s75001.002)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
<input type="checkbox"/> Right Hip Joint (s75001.001)	<input type="checkbox"/> b28016.1	<input type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
<input checked="" type="checkbox"/> Left Knee Joint (s75011.002)	<input type="checkbox"/> b28016.1	<input checked="" type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
<input checked="" type="checkbox"/> Right Knee Joint (s75011.001)	<input type="checkbox"/> b28016.1	<input checked="" type="checkbox"/> b28016.2	<input type="checkbox"/> b28016.3	<input type="checkbox"/> b28016.4	<input type="checkbox"/> b28016.8	<input type="checkbox"/> b28016.9	
Ataxia/Involuntary Movement <input checked="" type="checkbox"/> None	Support Functions of Arm or Leg						
	Mild	Moderate	Severe	Complete	Not specified	Not applicable	
<input type="checkbox"/> Left Upper Extremity (s730.002)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9	
<input type="checkbox"/> Right Upper Extremity (s730.001)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9	

<input type="checkbox"/> Left Lower Extremity (s750.002)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9
<input type="checkbox"/> Right Lower Extremity (s750.001)	<input type="checkbox"/> b7603.1	<input type="checkbox"/> b7603.2	<input type="checkbox"/> b7603.3	<input type="checkbox"/> b7603.4	<input type="checkbox"/> b7603.8	<input type="checkbox"/> b7603.9
Bedsore <input checked="" type="checkbox"/> None	Protective Functions of the Skin					
	Mild	Moderate	Severe	Complete	Not specified	Not applicable
<input type="checkbox"/> Head/Neck (s8100)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Shoulder (s8101)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Upper Extremity (s8102)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Lower Abdomen and Gluteal Region (s8103)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Lower Extremity (s8104)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Trunk/Back of Trunk (s8105)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Other (s8106)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
<input type="checkbox"/> Not Specified (s8107)	<input type="checkbox"/> b810.1	<input type="checkbox"/> b810.2	<input type="checkbox"/> b810.3	<input type="checkbox"/> b810.4	<input type="checkbox"/> b810.8	<input type="checkbox"/> b810.9
Other Dermatological Disorder <input checked="" type="checkbox"/> None	Other Functions of the Skin					
	Mild	Moderate	Severe	Complete	Not specified	Not applicable
<input type="checkbox"/> Head/Neck (s8100)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Shoulder (s8101)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Upper Extremity (s8102)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Lower Abdomen and Gluteal Region (s8103)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Lower Extremity (s8104)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Trunk/Back of Trunk (s8105)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Other (s8106)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9
<input type="checkbox"/> Not Specified (s8107)	<input type="checkbox"/> b830.1	<input type="checkbox"/> b830.2	<input type="checkbox"/> b830.3	<input type="checkbox"/> b830.4	<input type="checkbox"/> b830.8	<input type="checkbox"/> b830.9

4. Report of Functioning and Services

(1) Mobility

Walking Outdoors	Extent of impairment							
	None	Mild	Moderate	Severe	Complete Impairment	Not Specified	Not Applicable	
Extent of Difficulty	Performance	<input type="checkbox"/> d4500.0	<input checked="" type="checkbox"/> d4500.1	<input type="checkbox"/> d4500.2	<input type="checkbox"/> d4500.3	<input type="checkbox"/> d4500.4	<input type="checkbox"/> d4500.8	<input type="checkbox"/> d4500.9
	Capacity	<input type="checkbox"/> d4500.x0	<input checked="" type="checkbox"/> d4500.x1	<input type="checkbox"/> d4500.x2	<input type="checkbox"/> d4500.x3	<input type="checkbox"/> d4500.x4	<input type="checkbox"/> d4500.x8	<input type="checkbox"/> d4500.x9
	With Assistance	<input type="checkbox"/> d4500.xx0	<input checked="" type="checkbox"/> d4500.xx1	<input type="checkbox"/> d4500.xx2	<input type="checkbox"/> d4500.xx3	<input type="checkbox"/> d4500.xx4	<input type="checkbox"/> d4500.xx8	<input type="checkbox"/> d4500.xx9
Use of Wheelchair <input checked="" type="checkbox"/> Not in Use <input type="checkbox"/> Primarily Self Operated <input type="checkbox"/> Operated by Others								
Use of Walking Aids (Multiple Answers Allowed) <input checked="" type="checkbox"/> Not in Use <input type="checkbox"/> Used Outside <input type="checkbox"/> Used Indoors								

(2) Nutrition/Diet

Behaviors Relating to Diet

Eating	Extent of impairment							
	None	Mild	Moderate	Severe	Complete Impairment	Not Specified	Not Applicable	
Extent of Difficulty	Performance	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
	Capacity	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
	With Support	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
Drinking								
Extent of Difficulty	Performance	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
	Capacity	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9
	With Support	<input type="checkbox"/> d5x0.0	<input checked="" type="checkbox"/> d5x0.1	<input type="checkbox"/> d5x0.2	<input type="checkbox"/> d5x0.3	<input type="checkbox"/> d5x0.4	<input type="checkbox"/> d5x0.8	<input type="checkbox"/> d5x0.9

Current Nutritional Status  Satisfactory  Poor

→ Notes Relating to Nutrition/Diet ( )

(3) Status of Current Issues/Issues Highly Likely to Occur and Direction of Corrective Measures

Urinary Incontinence (b6202)  Falls/Fractures  Reduction in Mobility (d450)  Bedsore (b810)

Reduction in Cardiopulmonary Function (b410 · b440)  Self-Seclusion (b122)  
 Loss of Motivation (b130)  Wandering (b198)  Undernutrition ( \* )  Reduction in Dietary Intake/Swallowing Functions (b510)  
 Dehydration ( \* )  Increased Susceptibility to Infection ( \* )  
 Pain due to Cancer etc. ( \* )  Other ( ) \*Any items which may require ICD codes  
→ Corrective Measures  
( )

(4) Prospect of Maintaining/Improving Functioning through Use of Service

Expected  Unlikely  Unclear

(5) Necessity of Medical Management (Please underline any highly required items. This includes any services to be provided as part of prevention benefits.)

Home Visits consultation  Home Nursing  Consultation/Support from Visiting Nurses  
 Home Visit Dentistry  
 Home Visit Pharmaceutical Management Guidance  Home Visit Rehabilitation  
 Short-Term Admission for Recuperation  Home Visit Dental Hygiene Guidance  
 Home Visit Nutritional/Diet Guidance  Outpatient Rehabilitation  
 Other Medical Services ( )

(6) Other Medical-Related Notes Regarding Provision of Services

- Blood Pressure  No Issues  Issues Present ( )  
- Moving Around  No Issues  Issues Present ( )  
- Food Intake  No Issues  Issues Present ( )  
- Movement  No Issues  Issues Present ( )  
- Swallowing  No Issues  Issues Present ( )  
- Other ( )

(7) Presence of Infectious Diseases (If Present, Please Write Specific Details

None  Present ( )  Unclear

5. Other Particulars of Note

Please provide details of any other medical-related issues concerning certification of long-term care needs and the creation of nursing care service plans. If you have sought opinions from other specialized health professionals, please also provide details and any conclusions. (You may also attach copies of patient referral documents and medical certificate for physical disability application.)

The patient has osteoporotic osteoporosis and knee osteoarthritis. Recently there has been a decline in muscle strength. For this reason, the patient often falls. Recently, forgetfulness has become severe, and symptoms of visual hallucinations and hallucinations have appeared. For this reason, the burden on family members who care is increasing.