

Request to Attending Physician 担当医へのお願い

- 1. Please fill in this form so that the patient may claim the social insurance benefit. この様式は患者の社会保険の給付申請に必要ですので、証明をお願いします。
- 2. This form is to be completed and signed by the attending physician. この様式は担当医が書き、かつ署名して下さい。
- 3. One each form in every month for hospitalization, and also one each form in every month for outpatient and/or home visit. 各月毎、入院・入院外毎に付この様式1枚が必要です。

翻 訳 者	
氏名	
住所	
Tel.	

Form A  
様式 A

Attending Physician's Statement  
診療内容明細書

1. Name of patient (Last, First) Age (Date of Birth) Sex (Male/Female)  
患者名 \_\_\_\_\_ 年齢(生年月日) \_\_\_\_\_ 性別(男・女)

2. Name of Illness or Injury preferably with Number of International Classification of Diseases for the use of Social Insurance (Please refer to the other side of this form)  
傷病名及び社会保険用国際疾病分類番号(裏面参照)  
\_\_\_\_\_ (No. \_\_\_\_\_)

3. Date of First Diagnosis \_\_\_\_\_ , \_\_\_\_\_  
初診日

4. Days of Diagnosis and Treatment \_\_\_\_\_ days  
診療日数 日間

5. Type of Treatment 治療の分類

Hospitalization: From \_\_\_\_\_ , \_\_\_\_\_ to \_\_\_\_\_ , \_\_\_\_\_ ( \_\_\_\_\_ days)  
入院 自 至 ( 日間)

Out Patient or Home Visit: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
入院外

6. Nature and Condition of Illness or Injury (in brief) 症状の概要

7. Prescription, operation and any other treatments (in brief) 処方、手術その他の処置の概要

8. Was the treatment required as a result of an accidental injury? Yes  No   
治療は事故の傷害によるものですか。 はい いいえ

9. Itemized amounts paid to Hospital and/or Attending Physician: Please fill in Form B  
治療実費 様式Bのとおり

10. Name and Address of Attending Physician 担当医の名前及び住所

Name 名前 : Last 姓 \_\_\_\_\_ First 名 \_\_\_\_\_

Address 住所 : Home 自宅 \_\_\_\_\_ Phone \_\_\_\_\_

Office 病院又は診療所 \_\_\_\_\_ Phone \_\_\_\_\_

Date 日付 \_\_\_\_\_ Signature 署名 \_\_\_\_\_  
Attending Physician 担当医

Reference Number of your Medical Record (if applicable)  
診療録の番号

Request to Attending Physician or Superintendent of Hospital/Clinic 担当医又は病院事務長へのお願い

翻 訳 者	
氏名	_____
住所	_____
Tel.	_____

Please fill in this form so that the patient may claim the social insurance benefit.  
 この様式は患者の社会保険の給付申請に必要ですので、証明をお願いします。  
 This form is to be completed and signed by either the attending physician or the superintendent of a hospital/clinic.  
 この様式は担当医又は病院事務長が書き、かつ署名して下さい。  
 One each form in every month for hospitalization, and also one each form in every month for outpatient and/or home visit.  
 各月毎、入院・入院外毎に付この様式1枚が必要です。

Form B Itemized Receipt  
 様式 B 領 収 明 細 書

(1) Fee for Initial Office Visit	初 診 料	_____	(Please specify the unit)
(2) Fee for Follow-up Office Visit	再 診 料	_____	
(3) Fee for Home Visit	往 診 料	_____	
(4) Fee for Hospital Visit	入院管理料	_____	
(5) Hospitalization	入 院 費	_____	
(6) Consultation	診 察 費	_____	
(7) Operation	手 術 費	_____	
(8) Professional Nursing	職業看護婦費	_____	
(9) X-Ray Examinations	X線検査費	_____	
(10) Laboratory Tests	諸 検 査 費	_____	
(11) Medicines	医 薬 費	_____	
(12) Surgical Dressing	包 帯 費	_____	
(13) Anaesthetics	麻 酔 費	_____	
(14) Operating Room Charge	手術室費用	_____	
(15) The Others (Specify)	その他(特記せよ)	_____	
(16) Total	合 計	_____	

Important : Exclude the amount irrelevant to the treatment, i. e., payment for a luxurious room charge.

注 意 : 高級室料等治療に直接関係のないものは除いて下さい。

Name and Address of Attending physician/Superintendent of Hospital or Clinic

担当医又は病院事務長の名前及び住所

Name 名前 : Last 姓 \_\_\_\_\_ First 名 \_\_\_\_\_ Title 称号 \_\_\_\_\_

Address 住所 : Home 自宅 \_\_\_\_\_ Phone \_\_\_\_\_

Office 病院又は診療所 \_\_\_\_\_ Phone \_\_\_\_\_

Date 日付 : \_\_\_\_\_ Signature 署名 \_\_\_\_\_

Table of International Classification of Diseases for the use of Social Insurance

社会保険用国際疾病分類表

- I Infectious and Parasitic Diseases <感染症及び寄生虫症>
- 1 Intestinal infectious diseases (腸管感染症)
  - 2 Tuberculosis (結核)
  - 3 Viral diseases accompanied by exanthem (発疹を伴うウイルス疾患)
  - 4 Viral hepatitis (ウイルス肝炎)
  - 5 Other Viral diseases (その他のウイルス疾患)
  - 6 Syphilis and other venereal diseases (性病)
  - 7 Mycoses (真菌症)
  - 8 Others (その他の感染症及び寄生虫症)

- II Neoplasms <新生物>
- 9 Malignant neoplasm of stomach (胃の悪性新生物)
  - 10 Malignant neoplasm of small intestine, colon and rectum (小腸、結腸及び直腸の悪性新生物)
  - 11 Malignant neoplasm of trachea, bronchus and lung (気管、気管支及び肺の悪性新生物)
  - 12 Malignant neoplasm of female breast (女性乳房の悪性新生物)
  - 13 Malignant neoplasm of uterus (子宮の悪性新生物)
  - 14 Leukaemia (白血病)
  - 15 Malignant neoplasm of other and unspecified sites (その他及び部位不明の悪性新生物)
  - 16 Other neoplasm (その他の新生物)

- III Endocrine Nutritional and Metabolic Diseases and Immunity Disorders <内分泌、栄養及び代謝疾患並びに免疫障害>
- 17 Disorders of thyroid gland (甲状腺疾患)
  - 18 Diabetes mellitus (糖尿病)
  - 19 Gout (痛風)
  - 20 Others (その他の内分泌、栄養及び代謝疾患並びに免疫障害)
- IV Diseases of Blood and Blood Forming Organs <血液及び造血器の疾患>
- 21 Anaemias (貧血)
  - 22 Others (その他の血液及び造血器の疾患)
- V Mental Disorders <精神障害>
- 23 Senile and presenile organic psychotic conditions

This table is used for filling up the column 2 of Form A (Attending Physician's Statement). この表は様式A (診療内容説明書) の2欄の記入に用いられます。

- 24 Schizophrenic psychoses (精神分裂病)
- 25 Affective psychoses (躁うつ病)
- 26 Other psychoses (その他の精神病)
- 27 Neurotic disorders (神経症)
- 28 Alcohol dependence syndrome (アルコール依存)
- 29 Other nonpsychotic mental disorders (その他の非精神病性精神障害)
- 30 Mental retardation (精神薄弱)

- VI Diseases of the Nervous System and Sense Organs <神経系及び感覚器の疾患>
- 31 Disorders of autonomic nervous system (自律神経障害)
  - 32 Infantile cerebral palsy and other paralytic syndromes (脳性小児麻痺及びその他の痲痺性症候群)
  - 33 Epilepsy (てんかん)
  - 34 Other diseases of central nervous system (その他の中枢神経系の疾患)
  - 35 Disorders of peripheral nervous system (末梢神経系の障害)
  - 36 Cataract (白内障)
  - 37 Conjunctivitis (結膜炎)
  - 38 Other disorders of eye (その他の眼の疾患)
  - 39 Otitis media (中耳炎)
  - 40 Other disorders of ear (その他の耳の疾患)

- VII Diseases of the Circulatory system <循環系の疾患>
- 41 Rheumatic fever and rheumatic heart disease (リウマチ熱及びリウマチ性心疾患)
  - 42 Hypertensive disease (高血圧性疾患)
  - 43 Ischemic heart disease (虚血性心疾患)
  - 44 Other forms of heart disease (その他の心疾患)
  - 45 Subarachnoid and intracerebral haemorrhage (脳出血)
  - 46 Occlusion of precerebral and Cerebral arteries (脳梗塞)
  - 47 Other cerebrovascular disease (その他の脳血管疾患)
  - 48 Atherosclerosis (じゆく状硬化症)
  - 49 Other disorders of circulatory system (その他の循環系の疾患)

環系の疾患

- VIII Diseases of the Respiratory system <呼吸系の疾患>
- 50 Acute respiratory infections (急性上気道感染)
  - 51 Acute bronchitis and bronchiolitis and bronchitis, not specified as acute or chronic (急性及び詳細不明の気管支炎)
  - 52 Chronic sinusitis (慢性副鼻腔炎)
  - 53 Allergic rhinitis (アレルギー性鼻炎)
  - 54 Pneumonia (肺炎)
  - 55 Influenza (インフルエンザ)
  - 56 Chronic bronchitis (慢性気管支炎)
  - 57 Asthma (喘息)
  - 58 Other diseases of respiratory system (その他の呼吸系の疾患)

- IX Diseases of the Digestive System <消化系の疾患>
- 59 Diseases of teeth and supporting structures (歯及び歯の支持組織の疾患)
  - 60 Gastric and duodenal ulcer (胃及び十二指腸潰瘍)
  - 61 Gastritis and duodenitis (胃炎及び十二指腸炎)
  - 62 Appendicitis (虫垂炎)
  - 63 Hernia and intestinal obstruction (腸閉塞及びヘルニア)
  - 64 Liver cirrhosis (肝硬変)
  - 65 Chronic liver disease (慢性肝炎)
  - 66 Other disorders of liver (その他の肝の疾患)
  - 67 Cholelithiasis and gallbladder (胆石症及び胆のう炎)
  - 68 Other diseases of digestive system (その他の消化系の疾患)

- X Diseases of the Genitourinary System <泌尿生殖器系の疾患>
- 69 Nephritis and nephrosis (腎炎及びネフローゼ)
  - 70 Renal failure (腎不全)
  - 71 Calculus of urinary system (泌尿系の結石)
  - 72 Other diseases of urinary system (その他の泌尿系の疾患)
  - 73 Hyperplasia of prostate (前立腺肥大症)
  - 74 Other disorders of male genital organs (その他の男性生殖器の疾患)
  - 75 Menopausal and postmenopausal disorders (月経障害及び閉経期の障害)
  - 76 Other disorders of breast and female genital organs (乳房及びその他の女性生殖器の疾患)

- XI Complications of Pregnancy, Childbirth and the Puerperium <妊娠、分娩及び産後の合併症>
- 77 Pregnancy with abortive outcome (流産)
  - 78 Hypertension complicating pregnancy and excessive vomiting in pregnancy (妊娠中毒症)

- \* 79 Delivery in a completely normal case (正常分娩)
- 80 Others (その他の妊娠、分娩及び産じよくの合併症)

- XII Diseases of the skin and Subcutaneous Tissue <皮膚及び皮下組織の疾患>
- 81 Infections of skin and subcutaneous tissue (皮膚及び皮下組織の感染)
  - 82 Others (その他の皮膚及び皮下組織の疾患)

- XIII Diseases of the Musculoskeletal System and Connective Tissue <筋骨格系及び結合組織の疾患>
- 83 Rheumatoid arthritis and other inflammatory polyarthropathies (慢性関節リウマチ〔骨髄を除く〕)
  - 84 Osteoarthritis and allied disorders (変形性関節症及び類似症)
  - 85 Disorder of back (腰痛症)
  - 86 Other dorsopathies (その他の脊柱疾患)
  - 87 Peripheral enthesopathies and allied syndromes (肩の障害)
  - 88 Others (その他の筋骨格系及び結合組織の疾患)

- XIV Congenital Anomalies <先天異常>
- 89 Congenital anomalies of heart (心臓の先天異常)
  - 90 Congenital musculoskeletal deformities (先天性肢関節脱臼)
  - 91 Others (その他の先天異常)

- XV Certain Conditions Originating in the Perinatal Period <周産期に発生した主要病態>
- 92 Slow fetal growth and fetal malnutrition and disorders relating to short gestation and unspecified low birth weight (胎児発育遅延、胎児栄養失調症及び未熟児)
  - 93 Others (その他の周産期に発生した主要病態)

- XVI Symptoms, Signs and Ill-defined Conditions <症状、徴候及び診断名不明確の状態>
- 94 Symptoms, signs and ill-defined conditions (症状、徴候及び診断名不明確の状態)

- XVII Injury and Poisoning <損傷及び中毒>
- 95 Fracture (骨折)
  - 96 Intracranial injury, internal injury and injury to nerves and spinal cord (骨髄を含む頭蓋内及び内部損傷)
  - 97 Burns (熱傷)
  - 98 Poisoning by drugs, medicaments and biological substances (化学物質の有害作用)
  - 99 Others (その他の損傷及び中毒)