別記様式第5号(第8条関係)

　　年　　月分はり、きゅう施術録

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者の記号 | | |  | | | 番号 | |  | | |  | | | 保険者名 | | | | 長門市 | | | | | | | |
| 氏名 | 年　　月　　日生 | | | | | | | | | |
|  | 施術担当者の所在地及び氏名 | | | | | | | | |  | | | | |
| 世帯主 | | | | | その他 | | | | | |
| 主訴症状 | (1)  (2)  (3)  (4) | | | | | | | | | | | | | | 診療開始日 | (1)　　　年　　月　　日  (2)　　　年　　月　　日  (3)　　　年　　月　　日  (4)　　　年　　月　　日 | | | | | | | | | |
| 治癒 | | | | 継続 | | | | 転医 | | 中止 |
| 日 | はり | きゅう | | 摘要 | | | 日 | | はり | きゅう | | | 摘要 | | | | 日 | | | はり | | きゅう | | 摘要 | |
| 1 |  |  | |  | | | 12 | |  |  | | |  | | | | 23 | | |  | |  | |  | |
| 2 |  |  | |  | | | 13 | |  |  | | |  | | | | 24 | | |  | |  | |  | |
| 3 |  |  | |  | | | 14 | |  |  | | |  | | | | 25 | | |  | |  | |  | |
| 4 |  |  | |  | | | 15 | |  |  | | |  | | | | 26 | | |  | |  | |  | |
| 5 |  |  | |  | | | 16 | |  |  | | |  | | | | 27 | | |  | |  | |  | |
| 6 |  |  | |  | | | 17 | |  |  | | |  | | | | 28 | | |  | |  | |  | |
| 7 |  |  | |  | | | 18 | |  |  | | |  | | | | 29 | | |  | |  | |  | |
| 8 |  |  | |  | | | 19 | |  |  | | |  | | | | 30 | | |  | |  | |  | |
| 9 |  |  | |  | | | 20 | |  |  | | |  | | | | 31 | | |  | |  | |  | |
| 10 |  |  | |  | | | 21 | |  |  | | |  | | | |  | | |  | |  | |  | |
| 11 |  |  | |  | | | 22 | |  |  | | |  | | | |  | | |  | |  | |  | |
| 上記の通り施術を受けました。  　　　　　年　　月　　日  　　　　　　　氏名（自署） | | | | | | | | | | | | | | | | | | | | | | | | | |