様式第２号（第４条関係）

大町市高齢者補聴器購入助成事業意見書

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| --- | --- | --- | --- | --- | --- |
| 氏名 |  | | | 年　　　月　　　日生（　　　歳） | |
| 住所 |  | | | | |
| 診断名 |  | | オージオグラム  　聴力検査（CORを含む）  　　オージオメーターの形式   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | | | 125 | | | 250 | | | 500 | | | 1000 | | | 2000 | | | 4000 | | | 8000 | | |  | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | -20 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | -10 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 0 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 10 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 20 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 30 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 40 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 50 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 60 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 70 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 80 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 90 |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | 100  (dB) | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | | 125 | | | 250 | | | 500 | | | 1000 | | | 2000 | | | 4000 | | | 8000 | | |  | | | |
| 聴力  （四分法） | 右 | ｄＢ |
| 左 | ｄＢ |
| 補聴器の  種類  （処方） | １　補聴器の装用耳  　　右 ・ 左 ・ 両耳    ２　補聴器の種類  　耳かけ型    ポケット型  　耳あな型  　骨 導 式  　その他（　　　　　　　　　）  その他特記事項  ３　現在までの補聴器装用の有無  　　右　（　有　・　無　）  　　左　（　有　・　無　）  ４　使用効果見込み | |
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| 現在までの障がい状況（治療の内容、期間、経過）・意見をご記入下さい。 | | | | | 耳鼻疾患の有無及び障害の状況 |
| 意見書の記載は一般社団法人日本耳鼻咽喉科頭頸部外科学会認定の専門医に限る。 | | | | | |
| 上記のとおり　　　　　　　　　　　　装用の必要性が認められます。  　　　　　　　年　　　月　　　日　　　　所在地  医療機関名  医師名 | | | | | |