**教習所－医療機関連携シート**

別紙様式1

**作成日：**

**作成者：**

**（１）基本情報**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **氏名** |  | **性別** |  | **免許証有効期限** |  |
| **診断名** |  | **年齢** |  | **最終運転日** |  |
| **免許種類** |  | **色** |  | **眼鏡等** |  |

|  |  |
| --- | --- |
| **主治医の意向** |  |
| **本人の意向** |  |
| **家族の意向** |  |

**（２）障害詳細情報**

|  |  |  |  |
| --- | --- | --- | --- |
| **上肢** |  | **視力・視野** |  |
| **体幹** |  | **聴力** |  |
| **下肢** |  | **言語機能** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **生活上やDS上で観察された問題** | **予測される運転への影響** |
| **注意力** |  |  |  |
| **記憶力** |  |  |  |
| **視覚認知** |  |  |  |
| **反応速度** |  |  |  |

**（３）運転経歴**

|  |  |  |  |
| --- | --- | --- | --- |
| **運転距離** |  | **運転頻度** |  |
| **運転目的** |  | **所有車** |  |
| **事故歴** |  | **違反歴** |  |

**（４）実車教習で依頼したい点**

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**（５）その他、事前連絡事項**

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