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| **持込(予定)薬局名：** |  |

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| 病　院　記　入　欄 | 患者氏名 | 病院名：  連絡先  TEL：  FAX： | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | T・S  H・R | | |  | | | | | | | 年 |  | | | | 月 | | |  | | 日 |
| 入院予定日 | R | | |  | | | | | | | 年 |  | | | | 月 | | |  | | 日 |
| 入院予定日数 |  | | | | | | | | | | 日 | | | | | | | | | | |
| 手術予定 | □ | | なし | | | □ | | | | | あり | | | | | | | | | | |
| その他： | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 薬　局　記　入　欄（把握可能な範囲で） |  | | | | | | | | | | | | | 該当薬剤 | | | | | | | | | | | | 発現時期 | | | | | 症状 | |
| アレルギー歴 | □ | | なし | | | □ | | | | あり | | |  | | | | | | | | | | | |  | | | | |  | |
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| 副作用歴 | □ | | なし | | | □ | | | | あり | | |  | | | | | | | | | | | |  | | | | |  | |
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| 調剤方法 | □ | PTP | | | □ | | | 一包化 | | | | | | | □ | | | 簡易懸濁 | | | | | □ | 粉砕 | | | □ | その他： | | | |
| 自宅での  服薬管理者 | □ | 本人 | | | □ | | | 家族 | | | | | | | □ | | | 訪看・  ヘルパー等 | | | | | □ | その他： | | | | | | | |
| 服薬状況 | □ | 良好 | | | □ | | | 時々忘れる | | | | | | | | | □ | | | よく忘れる | | | | □ | | 拒薬あり | | | □ | | その他： |
| 一般用医薬品・健康食品等 | | | | | | | □ | | なし | | | | | □ | | | あり： | | | | | | | | | | | | | | |
| お薬手帳 | | | | | | | □ | | なし | | | | | □ | | | あり： | | | | | | | | | | | | | | |
| その他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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入院準備連絡票

様式１

薬局名：

連絡先

TEL：

FAX：