様式第６-１号

**診療所（有床）開設届出書**

　　　年　　　月　　　日

　仙台市保健所長　　様

開設者の住所　（〒 ）

臨床研修等修了医師・臨床研修等修了歯科医師の別

開設者の

電　話　　　（　　　）

ＦＡＸ 　　( 　)

　診療所を開設したので，医療法第８条の規定により，次のとおり届け出ます。

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| **１** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **２　開設の場所** | | | | | | | | | 〒    電話番号　　　　（　　　　）  ＦＡＸ　　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **３　診療科名** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **４　開設者に関する事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現に病院又は診療所を開設若しくは管理するもの又  は勤務するものであるときはその旨 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同時に二以上の病院又は診療所を開設しようとする  ものであるときはその旨 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **５　従業者の定員** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師 | |  | | | 人 | | 看護師 | | | | |  | | | 人 | | | 診療放射線技師 | | | | | | | | |  | | | | | | 人 | | 作業療法士 | | | | | | | |  | | 人 | | | 栄養士 | | | | | | | |  | | | | | 人 |
| 歯科医師 | |  | | | 人 | | 准看護師 | | | | |  | | | 人 | | | 臨床(衛生)検査技師 | | | | | | | | |  | | | | | | 人 | | 歯科技工士 | | | | | | | |  | | 人 | | | 看護補助者 | | | | | | | |  | | | | | 人 |
| 薬剤師 | |  | | | 人 | | 助産師 | | | | |  | | | 人 | | | 理学療法士 | | | | | | | | |  | | | | | | 人 | | 歯科衛生士 | | | | | | | |  | | 人 | | | 事務員 | | | | | | | |  | | | | | 人 |
| **６　敷地の面積** | | | | | | | ㎡　（平面図は別添のとおり） | | | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | 計 | | | | | | | |  | | | | | 人 |
| **７　建物の構造概要及び平面図 （平面図は別添のとおり）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | 建築面積 | | | | | | | | | | | | | | | | 延面積 | | | | | | | | | |
| 独立建物の場合 | | | | | | | | | | | | | | | | 造　　　階建 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | ㎡ | | |  | | | | | ㎡ | | | | |
| 住宅と併設の場合 | | | | | | | | | | | | | | | | 造　　　階建のうち　　　階　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ビルの一部を使用する場合 | | | | | | | | | | | | | | | | 造　　　階建のうち　　　階 　号室 　 ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8　階段等の構造** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者の使用する  屋内直通階段 | | | | | | | | | 幅 | | | | | | | | | | | 踊り場の幅 | | | | | | | | | 踏面 | | | | | | | | | | | けあげ | | | | | | | | | | | | | | | | 手すり | | | | | | |
| 最小　　　　ｍ | | | | | | | | | | | 最小　　　　ｍ | | | | | | | | | 最小　　　　ｍ | | | | | | | | | | | 最大　　　　ｍ | | | | | | | | | | | | | | | | 有 ・ 無 | | | | | | |
| 避難階段 箇所 | | | | | | | | | | | | | | | | | | | | 患者の使用するエレベーター 基 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9　患者の使用する廊下の幅** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | | | | | | | | | | | | | | | | | | 片側居室 | | | | | | | | | | | | | | | | | | | | 両側居室 | | | | | | | | | | | | | | | | | | | |
| 精神・療養病床の病室に隣接する廊下 | | | | | | | | | | | | | | | | | | | | | | | 最小 | |  | | | | | | | ｍ（内法） | | | | | | | | | | | 最小 | |  | | | | | | | | | ｍ（内法） | | | | | | | | |
| その他の廊下（10床以上の病床を設置する場合） | | | | | | | | | | | | | | | | | | | | | | | 最小 | |  | | | | | | | ｍ（内法） | | | | | | | | | | | 最小 | |  | | | | | | | | | ｍ（内法） | | | | | | | | |
| **10　施設及び設備（詳細は，別添 面積表のとおり）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | | | | | | | 面積 | | | | | 構造設備の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 調剤所  （＊設ける場合に  記載してください） | | | | | | | | | | | |  | | | ㎡ | | 採光面積　　　　　　㎡　外気開放面積　　　㎡（冷暗所の概要）  感量10mgてんびん　　　台　500mg上皿てんびん 　　台 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 消毒施設  （感染症病室又は結核病室を有する場合に限る） | | | | | | | | | | | |  | | | | | （消毒方法及び設備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養病床を有する診療所 | | | | 機能訓練室 | | | | | | | |  | | | ㎡ | | （主な器械・器具） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 談話室 | | | | | | | |  | | | ㎡ | | （他の室と兼用の場合）  と兼用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食堂 | | | | | | | |  | | | ㎡ | | （療養病床入院患者１人当たりの面積）　　　　　　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 浴室 | | | | | | | |  | | | ㎡ | | （身体の不自由な者が入浴するための構造設備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科技工室  （＊設ける場合に  記載してください） | | | | | | | | | | | |  | | | ㎡ | | （防塵設備の概要） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11　病床数及び病床種別・機能ごとの病床数並びに各病室の病床数** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療　　養 | | | | | | | | | | | | | | | | | | | | | 一　　般 | | | | | | | | | | | | | | | | | | | | | 計 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 室 | |  | | | | | | | | 床 | | | | | |  | | | | | 室 | | | |  | | | | | | | | 床 | | | |  | | | | | | | | | | 室 | | |  | | | | 床 | | | |
| 病床機能 | |  | | | | | | | | | 高度急性期 | | | | | | | | | | | 急性期 | | | | | | | | | 回復期 | | | | | | | | | | 慢性期 | | | | | | | | | | | | | 計 | | | | | | | | |
| 一般病床 | | | | | | | | |  | | | | | | | 床 | | | |  | | | | | 床 | | | |  | | | | | | | | 床 | |  | | | | | | | | | |  | | |  | | | | | | 床 | | |
| 療養病床 | | | | | | | | |  | | | | | | | 床 | | | |  | | | | | 床 | | | |  | | | | | | | | 床 | |  | | | | | | | | | |  | | |  | | | | | | 床 | | |
| 病棟名 | | | | | 室番号 | | | | | | | | | 病床種別 | | | | | | | | | | 病床数 | | | | | | | | | | | 床面積（内法） | | | | | | | | | | | | | | | | 一人当たり床面積 | | | | | | | | | | | |
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| **12　開設の年月日** | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13　管理者**  **住所･氏名** | | | | | | | | | | | 住所  　　　　　　　　　　　　　　　　　　　　　電話番号 ( 　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14　診療に従事する医師若しくは歯科医師に関する事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | 診療科名 | | | | | | | | | | | | | | | | | | | | 診療日 | | | | | | | | | | | | | | | | 診療時間 | | | | | | | | | | | | | | | |
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| **15　薬剤師の氏名** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**＊参考項目**

|  |  |  |  |
| --- | --- | --- | --- |
| **エックス線装置** | | | |
| エックス線  装置 | 固定・移動式の別 | 用途 | 製作者名及び型式 |
|  |  |  |
|  |  |  |
| **その他の放射線装置等の有無** | | | |
| 高エネルギー放射線発生装置　　無　・　有（　　　　　　　　　　　　　　　　）(　　　　　)台 | | | |
| 診療用放射線照射装置　　　　　無　・　有（　　　　　　　　　　　　　　　　）(　　　　　)台 | | | |
| 診療用放射線照射器具　　　　　無　・　有（　　　　　　　　　　　　　　　　）(　　　　　)台 | | | |
| その他の放射線関係装置　　　　無　・　有（　　　　　　　　　　　　　　　　）(　　　　　)台 | | | |

＜添付書類＞

　１　開設者及び管理者の履歴書および臨床研修修了登録証の写し。ただし，（１）平成16年４月１日に現に医師免許を受けている者又は平成18年４月１日に現に歯科医師免許を受けている者（各日の前に免許申請を行った者を含む。）は，臨床研修修了登録証の写しに代えて免許証の写し，（２）再教育訓練の命令を受けた者は，臨床研修修了登録証（（１）の場合は免許証）の写し及び再教育研修修了登録証の写し（臨床研修修了登録証等については，原本との照合が必要）

　２　診療に従事する医師又は歯科医師の臨床研修修了登録証の写し。ただし，（１）平成16年４月１日に現に医師免許を受けている者又は平成18年４月１日に現に歯科医師免許を受けている者（各日の前に免許申請を行った者を含む。）は，臨床研修修了登録証の写しに代えて免許証の写し，（２）再教育訓練の命令を受けた者は，臨床研修修了登録証（（１）の場合は免許証）の写し及び再教育研修修了登録証の写し（各写しは開設者による原本照合済みのもの)

　３　敷地の平面図

４　敷地周囲の見取図

　５　建物の平面図（各室の用途及び面積を示し，かつ，各病室の病床数及び病床種別・機能を示すこと。）

　６　各室面積表

＜注意事項＞

　診療所開設の手続きに先立ち，病床設置に係る手続きが必要となります。