

※Nagoya will be able to make use of it after emending the red printings.

Normally each health center director will do the installations for the Aichi prefecture. However, the head office will be in charge of the Nagoya city, so it will be named as 'Mayor of Nagoya'

※No plans to be installed at the central city

(Attachment; Form No.49)

No

Date:

Attn:

Aichi Prefecture      The Director of Public Health Center

(Notice) Explanation about the medical examinations to be performed to mentally disabled persons in accordance with Act's 34 article (paragraph No.1 and No.2) related to mental health insurance/ welfare services for mentally disabled persons.

We perform a medical examination on person below who is under your guardian.

In addition, a person who is a guardian, curator or relative, spouse, etc to the patient can be present at the time of medical examination.

Furthermore, please accompany to the person under examination in case of transportation to the other place.

Note

Person to be examined	Furigana		M F	D.O.B	(month) (day), (year)
	Name				(age: )
	Current Address				
Date/time	Date: (month) (day), (year)	Mon/Tue/Wed/Thu/Fri/Sat/Sun			
	Time: (hr) : (min) am / pm				
Place					
Remarks					

Incharge Name:

TEL

FAX

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(Attachment; Form No.54-1)

Letter of consent related to the transportation in accordance with Act's 34 article, paragraph No.1 of mental health insurance/ welfare services for mentally disabled persons.

Date:

Aichi Prefecture      The Director of Public Health Center

Address

Name

Seal

I agree to the transfer of person below to the accepting medical institution.

Note

Person to be examined	Furigana		M F	D.O.B	(month)	(day),	(year)
	Name				(age:    )		
	Current Address						
Transport Route							
Conveyance							
Name of Accompanying person such as a family member							
Actual guardian/ responsible person	Name		Relationship				
	Address						

Incharge Name:

TEL

FAX