

※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.5)

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 27 article, paragraph No.1 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.

Note

Person to be examined	Furigana		M F	D.O.B	(month) (day), (year)
	Name				
	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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(Enclosed Form No.8)

No -  
Date: day month year

Attn:(Mr).

Aichi Prefecture The Director of Public Health Center

(Notice) Explanation about the Compulsory Admission in accordance with Act's 29 article, paragraph No.1 related to mental health insurance/ welfare services for mentally disabled persons.

We admit the person below who is under your guardian.

Please follow the instructions of in-charge doctor for patient's treatment.

Note

Mentally-disabled person	Furigana		M F	Born on		
	Name			Day	Month	Year
	Address					
Name of hospital to be admitted						
Examination name						
Admission period	day	month	year			
Remarks						

Incharge Name:

TEL

FAX