第１号様式（第２条関係）

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| 年月日  千代田区千代田保健所長　殿  開設者　住所  氏名  電話番号　電話番号　（　　）  ﾌｧｸｼﾐﾘ番号　（　　）  法人にあっては名称、主たる事務所の所在地及び代表者の氏名  診療所開設許可申請書  診療所の開設の許可を受けたいので、医療法第７条第１項の規定により、下記のとおり申請します。  記 | | | | | | | | | | | | | | | | | | |
| １　名称 | | | |  | | | | | | | | | | | | | | |
| ２　開設の場所 | | | | 電話番号　　（　　）　　　　ＦＡＸ番号　　（　　） | | | | | | | | | | | | | | |
| ３　診療科目 | | | |  | | | | | | | | | | | | | | |
| ４　開設の目的 | | | |  | | | | | | | | | | | | | | |
| ５　維持の方法 | | | |  | | | | | | | | | | | | | | |
| ６　開設予定年月 | | | | 年月（上・中・下）旬 | | | | | | | | | | | | | | |
| ７　従業者定員 | | | |  | | | | | | | | | | | | | | |
| 医師 | 薬剤師 | 看護師 | 准看護師 | | 助産師 | 診療放射線  （エックス線）技師 | | 看護補助者 | 事務員 |  |  |  | 歯科医師 | | 歯科衛生士 | 歯科技工士 |  | 計 |
| 名 |  |  |  | |  |  | |  |  |  |  |  |  | |  |  |  | 名 |
| ８　敷地の面積 | | | | | | | | | | | | ㎡（平面図は別添のとおり） | | | | | | |
| ９　敷地周囲の見取図　　　（別添のとおり） | | | | | | | | | | | | | | | | | | |
| 10　建物の構造概要及び平面図 | | | | | | | | | | | | | | | | | | |
| 構造概要 | | | | | | | 建築面積 | | | | | | | 延面積 | | | | |
| 造　　　　　階建て | | | | | | | ㎡ | | | | | | | ㎡ | | | | |
| 住宅と併設の場合またはビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | | | |
| 住宅と併設の場合 | | | | | | | | | | 造　　階建てのうち　階　　　㎡使用 | | | | | | | | |
| ビルディングの一部を使用する場合 | | | | | | | | | | 造　　階建てのうち　階　　号室　　㎡ | | | | | | | | |
| 平面図 | | | | | | | | | | 別添のとおり | | | | | | | | |

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| 11　廊下の幅 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 片側廊下 | | | | | | | | | | 中廊下 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| ｍ | | | | | | | | | | ｍ | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 12　２階以上に病室を有する建物の階段数及びその構造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者の使用する屋内直通階段 | | | | | | | | | | | | | | | | | | | | | | | | | | | 病室のある最上階 | | | | | 避難階段の数 | | | | 備考 |
| 用途 | 幅 | | | | | | 踊り場の幅 | | | | | け上げ | | | | 踏面 | | | | | 手すりの有無 | | | | | |
|  | ｍ | | | | | | ｍ | | | | | ㎝ | | | | ㎝ | | | | |  | | | | | | 階 | | | | | 階から地上まで箇所 | | | |  |
|  |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |
|
| エレベーターの有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | 有・無 | | | | | | | | |  |
| 13　病室の構造概要　　　　　　　　　室床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 階別 | | | | 病室番号 | | | | | 病床種別 | | | | 一室の病床数 | | | | 一室の床面積 | | | | | 一人当たり床面積 | | | | | | | 換気の方法　　　自然換気・機械式換気別 | | | | | | | |
| 階 | | | |  | | | | |  | | | | 床 | | | | ㎡ | | | | | ㎡ | | | | | | | 自然・機械式第（　）種 | | | | | | | |
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| 14　診察室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室名 | | | 室面積 | | | | | | | 処置室兼用の場合その部分の面積 | | | | | | | | | 診察室名 | | | | | 室面積 | | | | | | 処置室兼用の場合その部分の面積 | | | | | | |
| 科 | | | ㎡ | | | | | | | ㎡ | | | | | | | | | 科 | | | | | ㎡ | | | | | | ㎡ | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | |
| 15　処置室（診療室兼用の場合を除く） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置室名 | | | | | | | | | | 室面積 | | | | | | | | | 処置室名 | | | | | | | | | | | 室面積 | | | | | | |
|  | | | | | | | | | | ㎡ | | | | | | | | |  | | | | | | | | | | | ㎡ | | | | | | |
| 16　歯科治療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | 治療いす | | | | | | | | | 防火設備 | | | | | | | | | | | その他必要な設備 | | | | | | |
| ㎡ | | | | | | | | | | 台 | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 17　歯科技工室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | 防じん設備 | | | | | | | | | 防火設備 | | | | | | | | | | | その他必要な設備 | | | | | | |
| ㎡ | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 18　検査室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | | 室面積 | | | | | | | | | 防火設備 | | | | | | | | | | | 検査器具・器械等 | | | | | | | | | | |
| 臨床検査室 | | | | | | ㎡ | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
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| 19　調剤所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | かぎのかかる貯蔵設備 | | | | | | | | | | 冷暗所の有無 | | | | | | | | 備付けてんびん | | | | | | | | | | | 備考 | | |
| ㎡ | | | | |  | | | | | | | | | |  | | | | | | | | 感量 | | | | | 10㎎ | | | 台 | | |  | | |
| 500㎎ | | | 台 | | |
| ㎎ | | | 台 | | |
| 20　手術室及び準備室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | 面積 | | | | | | | | 構造設備 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | | 床 | | | 壁 | | | 天井 | | | | | 照明 | | | | 暖房 | | | | 滅菌手洗い設備 | | | |
| 手術室 | | ㎡ | | | | | | | | 台 | | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |
| 準備室 | | ㎡ | | | | | | | |  | | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |
| その他 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21　分べん室及び新生児入浴施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | 室面積 | | | | | | | | 構造設備 | | | | | | | | | 入浴施設  新生児 | | | | 室面積 | | | | | | | 構造設備 | | | | | | |
| ㎡ | | | | | | | |  | | | | | | | | | ㎡ | | | | | | |  | | | | | | |
| 22　エックス線装置及び診療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| クス線装置  予定のエッ  開設時設置 | | | | | 固定・携帯の別 | | | | | | | | | | | | | | 用途 | | | | | | 製作者名及び型式 | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| 診療室  エックス線 | | | | | 室面積 | | | | | | 室内の構造概要 | | | | | | | | | 操作室の面積 | | | | | | | | | | 暗室 | | | | | | |
| 面積 | | | | | 設備 | |
| ㎡ | | | | | |  | | | | | | | | | ㎡ | | | | | | | | | | ㎡ | | | | |  | |
|  | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |  | |
| 23　その他の施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 待合室 | | | | | | | | 階　　　　㎡ | | | | | | | | | | 看護師勤務室 | | | | | | | | | | | 階　　　　㎡ | | | | | | | |
| 事務室 | | | | | | | | ㎡ | | | | | | | | | | 新生児室 | | | | | | | | | | | ㎡ | | | | | | | |
| 宿直室 | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 消毒施設 | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 給食設備 | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 洗濯室 | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |

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| 24　添付書類 |
| (１)　開設者が法人であるときは、定款または寄付行為の写し、及び登記事項証明書。地方公共団体にあっては条例の写し  (２)　建物の登記事項証明書（土地または建物を賃借する場合は、賃貸借契約書の写しも添付）  (３)　敷地の平面図  (４)　敷地周囲の見取図  (５)　建物の平面図（縮尺100分の１以上のもの）  (６)　エックス線診療室の放射線防護図（平面図及び立面図。縮尺50分の１以上のものとし、壁及び鉛の厚さを記入すること） |