浙江省残疾儿童康复服务记录表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | | | | | | 性别 | | | □男□女 | | | | | | 出生时间 | | | | | | 年 月 日 | | | | | 民族 | |  | | |
| 公民身份号码 | |  | |  |  |  | |  |  | |  |  | |  |  | |  |  | | |  | |  |  |  | |  | |  | 残疾人证末2位(选填) | | | | |  |  | |
| 监护人姓名 | |  | | | | | | | | | | | | | | | 与儿童关系 | | | | | | | | | | |  | | | | | | | | | |
| 监护人  联系方式 | | 手机： 座机： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 康复机构 | | 省(市) 市 县（市、区） 机构 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务  形式 | | □全日制  □非全日制 | | | | | | 康复类别 | | | □视力 □听力 □言语  □肢体 □智力 □孤独症 | | | | | | | | | | | | | | | | 服务  时间 | | | | | 年 月 日至  年 月 日 | | | | | |
| 日 期 | | | | 康复训练或治疗主要内容 | | | | | | | | | | | | | | | | | 训练时长 | | | | | | | | | | | | 康复师签字 | | 监护人签字 | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 年 月 | | | |  | | | | | | | | | | | | | | | | | 小时 分钟 | | | | | | | | | | | |  | |  | | |
| 康复机构  盖章 | | | |  | | | | | | | | | | | | | | | | 机构工作人员签字： | | | | | | | | | | | | | | | | | |

此模板为服务对象每个月的服务记录，供参考。