

INVENTORY PATIENT PERSONAL PROPERTY

LAST NAME **FIRST NAME** **ROOM #** **ADMISSION NO**
PHYSICIAN **DATE**

ITEMS RETAINED BY RESIDENT

NO CLOTHING BATHROBE BED JACKET BELT BRA COAT DRESS GIRDLE GLOVES HAT/CAP HOUSECOAT/ROBE JACKET	NO CLOTHING NECKTIE NIGHTGOWN PAJAMAS PANTIES SCARF SHIRT SLACKS/TROUSERS SLIP SLIPPERS SOCKS STOCKINGS SUITCOAT	NO CLOTHING SWEATER UNDERSHIRT UNDERSHORTS OTHER
---	---	---

NO PERSONAL ITEMS BIBLE BRUSH CLOCK COMB GLASSES KEYS LUGGAGE MEDALS JEWELRY (DESCRIBE FULLY)	PEN PURSE RADIO RAZOR TOILET ITEMS WATCH WALLET	OTHER
---	---	-------

PROSTHETICS BRACE CANE/CRUTCHES DENTURES UPPER LOWER PARTIAL GLASSES WALKER WHEELCHAIR	VALUABLES ENVELOPE RECEIPT NO. _____ CLOTHING PLACED IN STORAGE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

ITEMS ADDED AFTER ORIGINAL INVENTORY

SIGNED _____ **RESIDENT OR RESPONSIBLE PARTY**
CHECKED BY _____ **NURSE** _____