## **INVENTORY OF PERSONAL EFFECTS**

Date of Inventory:\_\_\_\_

**INSTRUCTIONS:** Record date of initial inventory, i.e., admission. Identify number (QTY) of items in each category. Record items of specific value, also items acquired after admission. Identify items lost or damaged. Record additional items/notes on page 2. Resident/Responsible Party and staff member are to sign and date this inventory on admission and again on discharge, acknowledging receipt of items.

QTY	ARTICLES	<b> </b>	ITEMS OF SPECIFIC VALUE – JEWELRY, WATCHES, ELECTRONICS, ETC.							
	Coats		DATE			EST. VALUE		1		
	Shoes/Boots	П						\$		
	Hats/Caps									
	Gloves									
	Dresses									
	Suits									
	Blouses/Shirts									
	Sweaters									
	Slacks/Trousers									
	Shorts/Capris									
	Sweatshirts/Sweatpants									
	Nightgowns									
	Pajamas									
	Robes		ACQUIRED AFTER ENTRY							
	Slippers		DATE		ITEM		1	RECEIVED		1
	Panties/Briefs						-			_
	Socks	$\Box$								
	Bras									
<b>-</b>	Undershirts/T-shirts	$\vdash$								
	Pantyhose/Nylons	$\vdash$								
<u> </u>	Slips									
<u> </u>	Ties/Scarves									
<u> </u>	Belts/Suspenders									
-	Handkerchiefs	$\vdash$								
		$\vdash$								
<u> </u>	Hearing Aid(es)  Dentures	$\vdash$								
<u> </u>										
<u> </u>	Glasses	$\vdash$								
<u> </u>	Rings	$\vdash$								
	Earrings	$\vdash$								
	Bracelets	$\vdash$								
<u> </u>	Watches									
	Television									
<u> </u>	Radio/Music player/Headphones		NOTES ON ARTICLES - LOST, DAMAGED, ETC.							
	E-Reader/iPad		DATE			ITEM				
	Computer/Laptop/Printer	$\vdash$								
	Cell Phone	Ш								
	Shaving Kit									
	Purses/Wallets									
	Luggage									
		Ш								
			ACKNOW	/LEDGE	MENT OF RECEIPT					
ON ADMISSION						ON DI	SCHARGE			
SIGNED(Resident/Responsible Party)			Date		SIGNED	SIGNED(Resident/Responsible Party)				
									Date	
SIGNE	)				SIGNED					
SIGNED(Staff/Title)				Date		(Staff/Title)			Date	
NAME-L	NAME-Last First		Middle	P	Attending Physician	Reco	ord No.	Room/Bed		

## **INVENTORY OF PERSONAL EFFECTS**

NOTES/COMMENTS							
Record date of each note as well as the signature and title of the individual authoring the note.							