

INVENTORY OF PERSONAL EFFECTS

INSTRUCTIONS: At the time of admission, record the resident's personal belongings by indicating quantity of those items listed. Use the space provided to write in additional items as necessary. The original copy shall be kept in the resident's medical record. The copy is given to the resident or resident representative. Update as needed throughout the resident's stay by using the space provided. Upon discharge, use the "✓" columns to indicate that all personal belongings are accounted for.

QTY.	ARTICLES	✓	ITEMS OF SPECIFIC VALUE (JEWELRY, APPLIANCES, FURNITURE)				✓
	Belts		QTY	DESCRIPTION	VALUE		
	Blouses/shirts			Television	\$		
	Bras			Radio/cassette player/CD/DVD player/headsets			
	Briefs/underpants			Chair			
	Dresses			Dresser/side table			
	Gloves/mittens			Pictures			
	Handkerchiefs			Comforter/quilt/afghan			
	Hats			Clock			
	Housecoats/robes			Lamp			
	Jackets/coats			Wallet/purse(s)			
	Nightgowns/pajamas			Rings			
	Shaving kit/makeup kit			Watches			
	Shoes			Electric razor			
	Shorts			Cell/mobile phone			
	Slacks/trousers			Computer/laptop/e-reader			
	Slippers						
	Slips						
	Sweat/lounge pants		ITEMS ACQUIRED AFTER ORIGINAL ENTRY				
	Sweat/lounge tops		DATE	ITEM	HOW RECEIVED	INITIAL	✓
	Suits						
	Suspenders						
	Sweaters/blazers						
	Ties/scarves						
	Undershirts						
	Hearing aid: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="radio"/> Both		USE THIS SPACE TO RECORD MISCELLANEOUS INFORMATION (i.e. LOST, STOLEN, RETURNED/GIVEN TO FAMILY, ETC.)				
	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial		DATE	DESCRIPTION / EXPLANATION	INITIAL		✓
	Glasses						
	Cane						
	Walker						
	Wheelchair						
	Brace/Prosthesis						
	Geriatric chair						
	Scooter						

CERTIFICATION OF RECEIPT

ON ADMISSION			ON DISCHARGE		
Signed X	<i>Resident or Resident Representative</i>	<i>Date</i>	Signed X	<i>Resident or Resident Representative</i>	<i>Date</i>
Signed _____	<i>Facility representative Title</i>	<i>Date</i>	Signed _____	<i>Facility representative Title</i>	<i>Date</i>
If resident unable to sign, state reason:			If resident unable to sign, state reason:		
Signed _____	<i>Witness Title</i>	<i>Date</i>	Signed _____	<i>Witness Title</i>	<i>Date</i>

NAME-Last

First

Middle

Attending Physician

Record No.

	Room/Bed
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