

ON DISCHARGE

QTY.	DESCRIPTION	QTY.	DESCRIPTION	QTY.	DESCRIPTION
	Bathrobe		Skirts		Wheelchair
	Belt—Suspenders		Slacks		Walker
	Blouses		Slippers		T.V.
	Brassiere		Slips		Radio
	Dresses		Socks		Dentures – Upper
	Hats		Sports Jackets		Dentures – Lower
	Housecoats		Sweaters		
	Jackets		Toilet Articles		
	Nightgowns		Trousers		
	Pajamas		T-shirts		
	Panties-Shorts		Glasses		
	Purses		Hearing Aids		
	Shirts		Watch-white/yellow metal		
	Shoes		Rings-white/yellow metal		

I received on discharge in satisfactory condition the above articles accumulated and a copy of this list.

Disposition of belongings: \_\_\_\_\_

Signature of Resident / Resp. Party \_\_\_\_\_

Date \_\_\_\_\_

Signature of Nurse Releasing \_\_\_\_\_

Date \_\_\_\_\_

ON ADMISSION

QTY.	DESCRIPTION	QTY.	DESCRIPTION	QTY.	DESCRIPTION
	Bathrobe		Skirts		Wheelchair
	Belt—Suspenders		Slacks		Walker
	Blouses		Slippers		T.V.
	Brassiere		Slips		Radio
	Dresses		Socks		Dentures – Upper
	Hats		Sports Jackets		Dentures – Lower
	Housecoats		Sweaters		
	Jackets		Toilet Articles		
	Nightgowns		Trousers		
	Pajamas		T-shirts		
	Panties-Shorts		Glasses		
	Purses		Hearing Aids		
	Shirts		Watch-white/yellow metal		
	Shoes		Rings-white/yellow metal		

I agree to abide by any policies or procedures instituted by the facility to protect resident property. I understand it is my responsibility to notify the facility if I bring any additional property into or remove any property from the facility and to request that any such item be noted on this inventory. I will mark all personal belongings with my name or other identification mark.

Signature of Resident / Resp. Party \_\_\_\_\_

Date \_\_\_\_\_

Signature of Facility Representative (Title) \_\_\_\_\_

Date \_\_\_\_\_

If the resident is unable to sign, state reason: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Resident \_\_\_\_\_ Hosp.# \_\_\_\_\_ Room # \_\_\_\_\_