

PERSONAL PROPERTY INVENTORY

Name of Patient _____ No. _____ Room _____

Please list all clothing and other articles left with patient:

Amount of cash _____ Eyeglasses _____

Jewelry worn _____ Hearing Aid _____

Other valuables _____ Other _____

Dentures _____ Articles to be held in safekeeping _____

CLOTHING LIST

Apron _____
Bathrobe _____
Belt _____
Blouse _____
Brassiere _____
Coat _____
Dresses _____
Garters _____
Girdle _____
Gloves _____
Handkerchiefs _____
Hats _____
Housecoat _____
Jacket _____
Necktie _____
Nightgowns _____
Pajama Tops _____
Pajama Bottoms _____
Pants _____
Scarf _____
Shawl _____
Shoes _____

Skirts _____
Sweater _____
Slippers _____
Slips _____
Smock _____
Socks _____
Stockings _____
Suspenders _____
Undershirts _____
Underpants _____
Vests _____

MISCELLANEOUS

Artificial Limb _____
Bed Pan _____
Books _____
Brush _____
Clock _____
Comb _____
Cane _____
Crutches _____
Fountain Pen _____
Hangers _____
Hot Water Bottle _____
Ice Cap _____
Lamp _____
Purse _____
Radio _____
Razor _____
Trunk _____
Truss _____
Urinal _____
Valise _____
Walker _____
Wheel Chair _____

Date _____ Signature _____

(Patient, Next of Kin, or Sponsor)

Received from Nursing Home

Date _____ Signature _____

(Patient, Next of Kin, or Sponsor)