

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)			
			QTY	DESCRIPTION	VALUE	✓
	Belts			Television	\$	
	Blouses/shirts			Radio/cassette player/CD/DVD player/headsets		
	Bras			Chair		
	Briefs/underpants			Dresser/side table		
	Dresses			Pictures		
	Gloves/mittens			Comforter/quilt/afghan		
	Handkerchiefs			Clock		
	Hats			Lamp		
	Housecoats/robes			Wallet/purse(s)		
	Jackets/coats			Rings		
	Nightgowns/pajamas			Watches		
	Shaving kit/makeup kit			Electric razor		
	Shoes			Cell/mobile phone		
	Shorts			Computer/laptop/e-reader		
	Slacks/trousers					
	Slippers					
	Slips					
	Sweat/lounge pants					
	Sweat/lounge tops					
	Suits					
	Suspenders					
	Sweaters/blazers					
	Ties/scarves					
	Undershirts					
	Hearing aid: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both					
	Dentures: <input checked="" type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower <input type="checkbox"/> Partial					
	Glasses					
	Cane					
	Walker					
	Wheelchair					
	Brace/Prosthesis					
	Geriatric chair					
	Scooter					

ITEMS ACQUIRED AFTER ORIGINAL ENTRY			
DATE	ITEM	HOW RECEIVED	INITIAL

USE THIS SPACE TO RECORD MISCELLANEOUS INFORMATION (i.e. LOST, STOLEN, RETURNED/GIVEN TO FAMILY, ETC.)		
DATE	DESCRIPTION / EXPLANATION	INITIAL

CERTIFICATION OF RECEIPT			
ON ADMISSION		ON DISCHARGE	
Signed <u>X Unable to Sign</u> <small>Resident or Resident Representative</small>	Signed <u>X</u> <small>Resident or Resident Representative</small>		
Signed <u>Mark Bello</u> <small>Facility representative</small>	Signed <u>[Signature]</u> <small>Facility representative</small>		
Title <u>C.N.A</u> <small>Title</small>	Title <u>[Signature]</u> <small>Title</small>		
Date <u>7/14/23</u> <small>Date</small>	Date <u>8/1/23</u> <small>Date</small>		
If resident unable to sign, state reason:	If resident unable to sign, state reason:		
Signed _____ <small>Witness</small>	Signed _____ <small>Witness</small>		
Title _____ <small>Title</small>	Title _____ <small>Title</small>		
Date _____ <small>Date</small>	Date _____ <small>Date</small>		

NAME-Last <u>Cao</u>	First <u>Ho</u>	Middle 	Attending Physician <u>Dr. Pellegrino</u>	Record No. 	Room/Bed <u>337B</u>
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