Patient Name			INVENTORY OF PERSONAL EFFECTS
Room No.	Patient No.		Date of Inventory

QTY.	ARTICLES	
	Dresses	
	Ladies Suits	
	Coats	
	Furs	
	Ladies Shoes	
	Ladies Hats	
	Blouses	
	Ladies Sweaters	
	Gloves	
	Hose	
	Ladies Handkerchiefs	
	Slips	
	Foundation Garments	
	Brassieres	
	Nightgowns	
	Housecoats - Robes	
	House Slippers	
	Pocketbooks	
	Overnight Case	
	Men's Suits	
	Topcoats	
	Slacks	
	Sport Jackets	
	Men's Shoes	
	Men's Hats	
	Men's Gloves	
	Socks	
	Shorts	
	Undershirts	
	Ties	
	Belts-Suspenders	
	Men's Handkerchiefs	
	Pajamas	
	Robes	
	Slippers	
	Shaving Kit	
	Traveling Bags	
	Hearing Aide	
	Dentures	
	Glasses	
	Other:	

ITEMS OF SPECIFIC VAULE (Rings, Watches, Radios, Etc.)

DESCRIPTION	VALUE	
	$	

ACQUIRED AFTER ORIGINAL ENTRY

DATE	ITEM	HOW RECEIVED

NOTES ON ARTICLES
(LISTING OF ITEMS DAMAGED, LOST, ETC.)

Remarks:

CERTIFICATION OF RECEIPT

ON ADMISSION	ON DISCHARGE
Signed: _____ (Patient or Responsible Party) Date	Signed: _____ (Patient or Responsible Party) Date
Signed: _____ Title Date	Signed: _____ Title Date