INVENTORY OF PERSONAL EFFECTS

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

	300				100		700.					
QTY.	ARTICLES	1		ITEMS	OF SPEC			, APPLIANCES, FL	JRNIT			1
			QTY			DESCRIP	PTION		115,10515	VAL	.UE	
	Belts			Television						\$		-
1	Blouses			Radio/cass	sette playe	r/headsets						
	Coats	1	orc	Chair	- //	10//1	1/	1911110				
	Dresses		1	Dresser		7	17.1	17/11/14				
	Gloves			Pictures								
	Handkerchiefs			Comforter	quilt/afgha	n				1		
	Hats			Clock								
	Housecoats/robes			Wallet/purs	se							
	Jackets			Rings								
	Nightgowns/pajāmas			Watches	1							
	Purses			Electric raz	zor/ (L	16						
	Shaving kit		-									
	Shoes Valuy-	C	1									
	Shorts											
	Slacks				ITEN	IS ACQUIRED	AFTER C	DRIGINAL ENTRY				1
10000	Slippers		DA	TE		ITEM 🎿		HOW R	ECEIV	ED	INITIAL	
	Slips		Yes									
	Shirts											
	Suitcases											
	Suits											
	Suspenders		- 1									
	Sweaters											
	Ties				P. L. Barge							
	Undershirts											
				USI	THIS SP	ACE TO RECO	RD MISC	CELLANEOUS INF	ORM/	NOITA		
					(i.e. LOST	, STOLEN, RET	TURNED.	GIVEN TO FAMIL	Y, ETC	:.)		
	Hearing aid: □ Rt □ Lt		DA	TE		DESCRIPT	ION / EXF	PLANATION			INITIAL	1
1	Dentures: ☐ Up ☐ Low ☐ Part											
i	Eyewear											
1/3	Cane											
	Walker				- 4 N			The Market of the Control of the Con				1
	Wheelchair											
	Brace										THE	
	Prosthesis											
				CERTIFICA	TION OF I	RECEIPT						
STE	ON ADMISSION							ON DISCHARGE				
	Vopbal acknowledgement	mo	114/1	naryan 3	35111				1	-	1.	
Signed	X		1		_ Signe	X			Low	el)	110	20
olgriec	Resident or resident representative			Date	_ Oigne	Resident or resident	dent represe	entative			Date	7
Signed	tota LUN	3	1201	1	_ Signe	d						
_	Facility representative	Title	10-311	Date	1	Facility represen			Title		Date	
If resid	dent unable to sign, state reason:				If resi	dent unable to	sign, state	e reason:				
							-					
0:	Carried L. Land - Town				0:							
Signed	Witness			Date	_ Signe	d					Date	
NAME-L	ast First		М	iddle	Attending F	Physician		Record No.	Ro	oom/Bed		
1	I. A. O. A. I.				,							