

ADULT BELONGINGS INVENTORY

PATIENT NAME:	PATIENT ID:	DATE:	
PATIENT PROPERTY	# Allowed	# Brought	Comment
Duffel Bag or Suitcase	1		
<i>CLOTHING ITEMS ALLOWED ON THE UNIT</i>			
Belt	2		
Bra	3		
Jacket	1		
Pajamas/Robe	2		
Pants (jeans, slacks, sweats, leggings)	5		
Shirts (T-shirt, button shirt, blouse, sweatshirt)	5		
Shoes (tennis, flip flops, flat soles, slippers)	4		
Shorts or Skirt (1" above knee)	5		
Socks	7		
Sweaters/Pullovers	2		
Undershirts (tank tops, Camisole)	5		
Underwear	7		
<i>HYGIENE ITEMS ALLOWED ON THE UNIT</i>			
Cardboard nail files (NO METAL)	3		
Dentures/Cream/Tablets	1 ea.		
Deodorant	2 ea.		
Disposable Razors	1 pk.		
Glasses/Contact Case/Eye Solution	1 ea.		
Hair accessories (Ties, Scrunchy, Clip or Barrettes)	5		
Hairbrush/Comb	1 ea.		
Lotion	1 ea.		
Make-up: Foundation, powder, blush, eyeshadow, eye liner, mascara	1 ea.		
Nail Clipper /Tweezers	1 ea.		
Shampoo, Conditioner, Body Wash	1 ea.		
<i>OTHER/OPTIONAL ITEMS ALLOWED ON THE UNIT</i>			
Books/Magazines/Puzzle books (NO PORN)	4		
Colored Pencils or Crayons (optional)	24pk		
Envelopes/Stamps			
Hat, Gloves (NO DRUG/GANG/ETOH LOGO)	1 ea.		
Notebook paper/Journal	1		
Spiritual Items (ROSARY, BIBLE, Etc.)			
Sunglasses (OUTDOOR USE ONLY)	1		
<i>OTHER ITEMS</i>			<i>Stored in Belongings Room</i>

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ITEMS STORED IN SAFE	ITEMS STORED IN BELONGINGS ROOM
<input type="checkbox"/> Identification card(s) Qty: _____	# Of Bags Date: _____
<input type="checkbox"/> Insurance Card(s) Qty: _____	# Of Bags Date: _____
Items NOT Required or Encouraged:	# Of Bags Date: _____
<input type="checkbox"/> Cash Amount: _____	# Of Bags Date: _____
<input type="checkbox"/> Debit/Credit Card(s) Qty: _____	
<input type="checkbox"/> Gift Card(s) Qty: _____	
	Bags Searched _____
	Bags not searched _____

Miscellaneous Items:

<input type="checkbox"/> Cell Phone <input type="checkbox"/> Charger <input type="checkbox"/> Keys	
<input type="checkbox"/> Wallet	

PATIENT BELONGINGS OVER ALLOWABLE LIMIT OR NOT ALLOWED ON THE UNIT ARE PLACED IN STORAGE, AND WILL BE RETURNED AT DISCHARGE

RX MEDICATIONS AND OTC SUPPLEMENTS ARE INVENTORIED SEPARATELY BY NURSE

Any Illegal Substances/Contraband found during search will be confiscated

I have received a copy of this inventory and agree that this is a complete list of my belongings

ACKNOWLEDGEMENT OF COMPLETE BELONGINGS INVENTORY:

	/ /
Print Staff Name	Staff Signature Date Time
	/ /
Print Patient Name	Patient Signature Date Time

COMPLETE THIS SECTION AT DISCHARGE: (Do not complete if Admitting to Rehab)

All belongings listed were returned to me at discharge:	
	/ /
Print Patient Name	Patient Signature Date Time
	/ /
Staff Witness Name	Staff Signature Date Time