PORTSMOUTH HEALTHCARE NHS TRUST

78694 _ HOSPITAL Ward CHARLES Admission date Date discharged/deceased _ LIST OF PROPERTY RECEIVED ON £ PENSION BOOKS RECEIVED Date of next order Number of Pension Number and Source Weekly rate for encashment uncashed orders JEWELLERY AND OTHER EFFECTS (including cheques and stamps): It is hereby certified that the items listed above have been received from the patient for safe custody. ____Sister/Charge Nurse Date Certified correct_ __Patient or representative I understand that Portsmouth Healthcare NHS Trust will not be held responsible for any loss howsoever arising in respect of any articles retained in my possession. I also give authority to Portsmouth Healthcare NHS Trust to dispose of any of the above articles if not claimed within six years of the date I cease to be a patient in the hospital, and in the event of a subsequent claim to be accountable only for the proceeds. Signed _ Signed RECEIVED THE ITEMS LISTED ABOVE Signed: Nursing Administrative Officer _ (WHERE APPROPRIATE) _ Signed: Administrative Officer__ DISPOSAL OF THE ABOVE MENTIONED PROPERTY CASH BANKED OR REFUNDED DURING THE PATIENT'S STAY CASH AND PROPERTY REFUNDED AT THE PATIENT'S DISCHARGE OR DEATH DATE AND RECEIPT NO. or PATIENT'S SIGNATURE Received Cash amounting to £ : stated above. ____Date____ Relationship to patient _____ OTHER DISPOSAL ACTION:

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