

Patient Property Form

Name.....

DOB.....

Admission/Discharge Date.....

ITEM	ON ADMISSION	ON DISCHARGE	ITEM	ON ADMISSION	ON DISCHARGE
Handbag			Slippers		
Purse/Wallet			Vest		
Pension Book			Pants		
Jewellery			Sock		
Watch			Shirt/Blouse		
Electric Shaver			Tights/Stockings		
Dentures			Trousers		
Spectacles			Jumper/Cardigan		
Hearing Aid			Jacket/Coat		
Washbag			Skirt		
Nightdress			Dress		
Pyjamas			Dressing Gown		
Miscellaneous Items			Personal Letters		
eg. walking stick					

Patient asked if would like to put valuables in safe

Yes/No/NA

Valuables form no.....

Signature.....