

## PERSONAL BELONGINGS INVENTORY LIST

Client Name: \_\_\_\_\_ Date of Admission to Home: \_\_\_\_\_

\*\*Use additional sheets as necessary to list all belongings\*\*

Clothing	# of items	Items lost/damaged/removed	Date	Initials
Socks/stockings				
Underpants				
Bras				
Pants				
Shorts				
Skirts				
Shirts/blouses				
Dresses				
Jackets				
Jewelry				
Rings				
Necklaces				
Pins				
Bracelets				
Watches				
Adaptive Equipment				
Eyeglasses				
Dentures				
Hearing Aids				
Wheelchair				
Cane/walker				
Furniture				
TV/Radio /CD or DVD				
Bed				
Recliner etc.				
Items after Admission				

**Form should be updated as items are added or removed.**

Primary Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/legal representative: \_\_\_\_\_ Date: \_\_\_\_\_