

PATIENT VALUABLE INVENTORY

PLEASE CHECK CIRCLE AND DESCRIBE (WHEN PATIENT IN ROOM)

- CELL PHONE
- JEWELRY: RING NECKLACES, WATCH, EARRINGS ETC.
- WALLET/ PURSE
- GLASSES
- CONTACT LENSES
- DENTURES
- HEARING AIDS
- CLOTHING
- WALKER/CANE
- OTHER: _____

PLEASE SIGN THE FOLLOWING:

The items above are listed correctly and I agree with their disposition:

PATIENT SIGNATURE: _____

NURSE SIGNATURE: _____

Items haven returned to me at the time of discharge:

PATIENT SIGNATURE: _____

NURSES SIGNATURE: _____

DATE AND TIME: _____