

**Patient Property Inventory & PAT Search**

**Please fully complete form, including legible signatures. All secured belongings require a security seal and designated number.**

**Shoe laces and draw-strings must be removed on admission.**

**If patient is un-willing to remove laces and draw-strings from shoes and clothing upon admission, these belongings are considered unsafe and will be placed with secured belongings.**

**Patient understands he/she will not have access to these items until discharge.**

I, \_\_\_\_\_ authorize SLBH staff to search my belongings without my presence and I understand all valuables on the unit are solely my responsibility. Valuables not on the unit will be secured in SLBH's secured inventory bags as indicated by hospital policy.

Patient Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Allowed belongings sent to unit with Pt (Total amount includes what is being worn)			
\$20 or less on unit - Cash \$ _____	2 books (no spiral notebooks or staples) <input type="checkbox"/> <input type="checkbox"/>	Religious Item (1) <input type="checkbox"/>	
Unopened Cigarettes / Chew ( <i>Pouches only</i> ) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 Ring <input type="checkbox"/>	Military ID/Driver's License <input type="checkbox"/> <input type="checkbox"/>	Bank Cards (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medical Equipment			
Glasses <input type="checkbox"/>	Walker <input type="checkbox"/>	Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/>	Other: _____
CPAP <input type="checkbox"/>	Wheelchair <input type="checkbox"/>	Hearing aids <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>	Other: _____
Clothing Items (not to exceed total allowed amount in parenthesis)			
Pants (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Socks (10) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shoes (no laces) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tops (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bras/Tank tops (6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coat, Jacket or Sweatshirt (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Underwear (10) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Garment (5 tops, 5 bottoms) Tops <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bottoms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Clothing items stored and issued prior to outings/gym			
Hats (1) <input type="checkbox"/>	Gloves (1) <input type="checkbox"/>	Beanies (1) <input type="checkbox"/>	iPod & Headphone (no camera) <input type="checkbox"/> Sunglasses <input type="checkbox"/> Athletic Shoes w/ Laces (1) <input type="checkbox"/>

Hygiene Items (Items in bins for daily use. Items must fit in 5" x 7" toiletry box, no glass, no mirrors, aerosols/sprays, basic toiletry items are provided on the unit.)			
Common Items:	#Quantity	Common Items behind nursing station:	Other items (Not to exceed 5):
Toothbrush/Toothpaste <i>No electric</i>		Tweezers (1)	
Shampoo (1)		Nail Clippers (1)	
Conditioner (1)		Q-Tips	
Lotion (1)		Contact Lenses & Cleaning Kit	
Deodorant		Razors (3) <i>No electric</i>	
Brush/Comb		Hair Ties (3)	
Feminine Pads (No tampons)		Laundry detergent	

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Reserve items (Items that can be accessed <u>ONLY</u> when original items have been used)					
<u>Reserve Items:</u>		#Quantity	<u>Reserve Items:</u>		#Quantity
Toothpaste			Cigarettes		
Shampoo			Chewing Tobacco ( <i>Pouches only</i> )		
Conditioner			Laundry detergent		
Lotion			Feminine Pads (No tampons)		
Deodorant					
Valuables & Contraband Secured	# on arrival	Removed by staff	Valuables & Contraband Secured	# on arrival	Removed by staff
Cell phone/charger			Cash \$ _____ (Amount over \$100 to CFO)		
Wallet/Purse					
<b>Medication (All meds must be given to pharmacy):</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
Security Seal # _____		Security Seal # _____		Security Seal # _____	
Security Seal # _____		Security Seal # _____		Security Seal # _____	
Security Seal # _____		Security Seal # _____		Security Seal # _____	
Search completed by Admission Staff:		Date/Time:	Search completed by Unit Staff:		Date/Time:

I (patient) acknowledge that all my valuables have been listed on this page. I have also been advised that any and all valuables should not be retained at SLBH. Any items I retain in my possession, I accept full responsibility for and will not hold SLBH or its staff responsible for any loss.

\_\_\_\_\_ Patient/Guardian

\_\_\_\_\_ Staff/Witness

\_\_\_\_\_ Date/Time

**Discharge Valuables Disposition:**

I (patient) acknowledge that I have received all the items brought to SLBH and will not hold SLBH responsible for any items left behind at the time of my discharge.

\_\_\_\_\_ Patient/Guardian

\_\_\_\_\_ Staff/Witness

\_\_\_\_\_ Date/Time