

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 \$_____	4 books (no spiral notebooks, elastics or staples) <input type="checkbox"/> <input type="checkbox"/>		Religious Item (1) <input type="checkbox"/>	
Unopened Cigarettes / Chewing tobacco (pouches only, 10 cans) (1 carton up to 10 packs) <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"/>	Bank Cards (no wallets/purse) (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Military ID/Drivers License <input type="checkbox"/> Military ID <input type="checkbox"/> License	Cell Phone and Charger (cell phone is only accessible for bill pay) <input type="checkbox"/> Cell phone <input type="checkbox"/> Charger	1 Ring <input type="checkbox"/>
	Medical Equipment			
Glasses <input type="checkbox"/>	Walker <input type="checkbox"/>	Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Medical Braces (Knee, back, wrist):	
CPAP <input type="checkbox"/>	Wheelchair <input type="checkbox"/>	Hearing aides <input type="checkbox"/> Right <input type="checkbox"/> Left	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"/> <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"/> <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"/>	Sunglasses <input type="checkbox"/>	Athletic Shoes w/ Laces (1) <input type="checkbox"/> Winter Boots w/laces (1) <input type="checkbox"/>
Coat/Jacket w/ strings (1) <input type="checkbox"/>	iPod & Headphone (no camera, no Bluetooth to phone) <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.) No electric hygiene tools (flossers, nose trimmers, etc)				
<u>Common Items:</u>	#Quantity	<u>Common Items behind nursing station:</u>	<u>Other items (Not to exceed 5):</u>	
Toothbrush/Toothpaste (no electric)		Tweezers (1)		
Shampoo (1)		Nail Clippers (1)		
Conditioner (1)		Q-Tips		
Lotion (1)		Contact Lenses & Cleaning Kit		
Deodorant		Razors (3) No electric, no straight blade		
Brush/Comb		Hair Ties (3)		
Tampons and/or Flex disk		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>		<u>#Quantity</u>	<u>Reserve Items:</u>		<u>#Quantity</u>
Toothpaste			Cigarettes		
Shampoo			Chewing Tobacco		
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
Computer/Tablet			Cash \$ _____ (Amount over \$100 to CFO)		
Wallet/Purse					
Medication (All meds must be given to pharmacy): <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