Salt Lake BEHAVIORAL HEALTH

Unit Belongings Form

Please fully complete form, including legible signatures. Shoelaces, drawstrings and other unsafe items must be removed upon admission. If patient is unwilling to remove items, belongings are considered unsafe and will be placed with secure belongings.

I, _____ authorize SLBH staff to search my belongings without my presence and I understand all valuables on the unit are solely my responsibility.

Patient Signature: _____ **Date/Time**: _____

Allowed belongings sent to unit with patient			
Cash $_____ *($100 or less in unit safe)*	**Cell Phone in Unit Safe** ☐ NO ☐ YES **Cell Phone Charger** ☐	**Unopened Cigarettes/Smokeless Tobacco** (pouches ONLY) *(Limit: 1 carton up to 10 packs/ up to 10 cans)* ☐☐☐☐☐☐☐☐☐☐	**Religious Item** *(limit 1)* ☐
Military ID ☐ **Driver's License** ☐	**Bank Cards** *(limit 3)* ☐☐☐	**Books (limit 4)** ☐☐☐☐ *(No spiral, elastics, strings, staples)*	**Ring** ☐

MEDICAL EQUIPMENT			
Glasses ☐	**Walker** ☐	**Dentures:** Upper ☐ Lower ☐	**Medical Braces:** (*knee, back, ankle, wrist)* ☐
CPAP ☐	**Wheelchair** ☐	**Hearing aids**: Right ☐ Left ☐	**Other**:

CLOTHING ITEMS *(Total amount includes what is being worn)*		
Tops *(limit 12)* ☐☐☐☐☐☐ ☐☐☐☐☐☐	**Underwear** *(limit 10)* ☐☐☐☐☐ ☐☐☐☐☐	**Shoes** – **NO LACES** – *(limit 3)* ☐☐☐
Pants *(limit 12)* ☐☐☐☐☐☐ ☐☐☐☐☐☐	**Socks** *(limit 10)* ☐☐☐☐☐ ☐☐☐☐☐	**Jacket –NO DRAWSTRING–** *(limit 3)* ☐☐☐
Bras/Tank Tops – NO UNDERWIRE – *(limit 6)* ☐☐☐☐☐☐		

ITEMS STORED AND ISSUED PRIOR TO GYM/OUTINGS			
Hat *(limit 1)* ☐	**Beanie** *(limit 1)* ☐	**Gloves** *(limit 1)* ☐	**Athletic Shoes w/ Laces** *(limit 1)* ☐
Sunglasses *(limit 1)* ☐	**Coat/Jacket with Strings** *(limit 1)* ☐	**iPod/MP3 Player** ☐ *(No camera, WiFi, recording capabilities)*	**Headphones***)* ☐ *(no bluetooth to phone)*

HYGIENE ITEMS *No aerosols/sprays, alcohol-based products, essential oils*					
Shampoo ☐	**Body Wash** ☐	**Toothbrush** ☐	**Brush** ☐	**Feminine Pads** ☐	**Deodorant** ☐
Conditioner ☐	**Bar of Soap** ☐	**Toothpaste** ☐	**Lotion** ☐	**Other:**	
Make-up –NO GLASS, METAL, MIRRORS– ☐_____ ☐_____ ☐_____ ☐_____					

BEHIND NURSES STATION					
Tweezers ☐	**Hair Ties** ☐☐☐	**Laundry Soap** ☐	**Q-Tips** ☐	**Tampons and/or Flex Disk** ☐	**Contact Lenses** ☐
Nail Clippers ☐	**Razors** ☐☐☐ *(no electric, no straight blade)*	**Floss Picks** ☐ *(no regular floss)*	**Other**:		

Inventory completed by: _____ **Date/Time**: _____

Patient Signature: _____ **Unit Staff**: _____ **Date/Time**: _____

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DROPPED OFF BELONGINGS

I acknowledge that I have dropped off the above belongs and will not hold SLBH responsible for any items left behind at the time of patient discharge.

Signature:_____ **Relationship to Patient: _____ 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 Signature:_____ **Staff Signature**:_____ **Date/Time**: _____

NOTES
