

**HOSPITAL  
BALTIMORE, MD**

**BELONGINGS LIST**

**ADDRESSOGRAPH**

When item sent home enter date/with whom

ADMISSION DATE	DATE		DATE		DATE		DATE	
	TO ROOM	TO ROOM	TO ROOM	TO ROOM	TO ROOM	TO ROOM	TO ROOM	
Please circle articles with patient	YES	NO	YES	NO	YES	NO	YES	NO
Addressograph Plate								
Old Charts								
Addressing Kit								
Medications <u>From Home</u>								
<u>From Pharmacy</u>								
Neder								
Kardex								
Nursing Care Standards								
Dentures <u>Upper / Lower</u>								
Partial <u>Upper / Lower</u>								
Money <u>Amount</u>								
Ring(s) / Watch								
Glasses / Hearing Aid(s)								
Cane / Walker / Wheel Chair								
Prostheses <u>Type</u>								
Toiletry Supplies								
Clothing								
Socks / Hosiery								
Underpants / Undershirt								
Bra / Pants / BMI / Skirt								
Shirt / Slacks / Shorts								
Sweater / Coat								
Robe / Gown / Nightgown								
Shoes / Slippers / Boots								
Other								
Telemetry Monitor Removed								
List completed by _____								
Place a ✓ mark in the appropriate column after identifying items in this column. Fill in name of staff confirming items in the last row under the date of transfer.	Receiving Staff		Receiving Staff		Receiving Staff		Receiving Staff	
	Transferring Staff		Transferring Staff		Transferring Staff		Transferring Staff	