

Your  
Hospital's  
Logo  
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# PATIENT'S PERSONAL BELONGING'S LOG

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PATIENT IDENTIFICATION

WHEN THE PATIENT WAS ADMITTED / TRANSFERRED TO / FROM THE UNIT, DID HE / SHE HAVE THE FOLLOWING ITEMS?									
ITEM	ON ADMISSION		COMMENTS	TRANSFER OUT		COMMENTS	TRANSFER OUT		COMMENTS
	DATE _____	UNIT _____		DATE _____	UNIT _____		DATE _____	UNIT _____	
	YES	NO		YES	NO		YES	NO	
1. Dentures - a. Upper b. Lower c. Full									
2. Eyeglasses									
3. Cane \ Walker \ Wheelchair									
4. Prosthesis - a. Hearing aide b. Artificial eye c. Artificial limb									
5. Valuables (Describe)									
a. Policy Explained (SM: 2-13)									
6. Other									
b. Disposition of Valuables									
7. SIGNATURE / TITLE									
8. Verifying Staff, Patient, Family Signature									

WHEN THE PATIENT WAS ADMITTED / TRANSFERRED TO / FROM THE UNIT, DID HE / SHE HAVE THE FOLLOWING ITEMS?									
ITEM	ON ADMISSION		COMMENTS	TRANSFER OUT		COMMENTS	DISCHARGE		COMMENTS
	DATE _____	UNIT _____		DATE _____	UNIT _____		DATE _____	UNIT _____	
	YES	NO		YES	NO		YES	NO	
1. Dentures - a. Upper b. Lower c. Full									
2. Eyeglasses									
3. Cane \ Walker \ Wheelchair									
4. Prosthesis - a. Hearing aide b. Artificial eye c. Artificial limb									
5. Valuables (Describe)									
a. Policy Explained (SM: 2-13)									
6. Other									
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