

**TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER
INVENTORY OF PERSONAL EFFECTS**

Resident Name:	INVENTORY OF PERSONAL EFFECTS	
Room Number:	Med. Record #:	Date of inventory:

Article	✓	ITEMS OF SPECIFIC VALUE (rings, watches, radios, etc.)			✓
		Description	Value		
DRESSES			\$		
LADIES SUITS					
COATS					
FURS					
LADIES SHOES					
LADIES HATS					
BLOUSES					
LADIES SWEATERS					
GLOVES					
HOSE					
LADIES HANDKERCHIEFS					
SLIPS					
FOUNDATION GARMENTS					
		ACQUIRED AFTER ORIGINAL ENTRY			
		Date	Item	How Received	✓
BRASSIERS					
NIGHTGOWNS					
HOUSECOATS - ROBES					
HOUSE SLIPPERS					
POCKET BOOKS					
OVERNIGHT CASE					
MEN'S SUITS					
TOPCOATS					
SLACKS					
SPORT JACKETS					
MEN'S HATS					
MEN'S SHOES					
MEN'S GLOVES					
SOCKS					
SHORTS					
UNDERSHIRTS					
TIES					
		NOTES ON ARTICLES (Listing of items damaged, lost, etc.)			
BELTS - SUSPENDERS					
MEN'S HANDKERCHIEFS					
PAJAMAS					
ROBES					
SLIPPERS					
SHAVING KIT					
TRAVELING BAGS					
HEARING AIDES					
DENTURES					
GLASSES					
ELECTRICAL ITEMS: IE) RAZOR, FAN, COMPUTER, RADIO, TV (if applicable), CELL PHONE w/ Charger, LAMP					

Remarks:

CERTIFICATION OF RECEIPT

ON ADMISSION			ON DISCHARGE		
SIGNED _____	RESIDENT OR RESPONSIBLE PARTY	DATE _____	SIGNED _____	RESIDENT OR RESPONSIBLE PARTY	DATE _____
SIGNED _____	STAFF _____ TITLE _____	DATE _____	SIGNED _____	STAFF _____ TITLE _____	DATE _____