

# Inventory of Personal Items

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Write total number behind item

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Bathrobe ____     | <input type="checkbox"/> Bed Jacket ____    | <input type="checkbox"/> Belt ____         | <input type="checkbox"/> Blouse ____     |
| <input type="checkbox"/> Bra ____          | <input type="checkbox"/> Bracelet ____      | <input type="checkbox"/> Bible ____        | <input type="checkbox"/> Boots ____      |
| <input type="checkbox"/> Chair ____        | <input type="checkbox"/> Comb ____          | <input type="checkbox"/> Coat ____         | <input type="checkbox"/> Dresses ____    |
| <input type="checkbox"/> Earrings ____     | <input type="checkbox"/> Garters ____       | <input type="checkbox"/> Girdle ____       | <input type="checkbox"/> Glasses ____    |
| <input type="checkbox"/> Glasses Case ____ | <input type="checkbox"/> Gloves ____        | <input type="checkbox"/> Handkerchief ____ | <input type="checkbox"/> Hat or Cap ____ |
| <input type="checkbox"/> Hose ____         | <input type="checkbox"/> House Coat ____    | <input type="checkbox"/> Hair Brush ____   | <input type="checkbox"/> Lamp ____       |
| <input type="checkbox"/> Luggage ____      | <input type="checkbox"/> Make-up ____       | <input type="checkbox"/> Medals ____       | <input type="checkbox"/> Mirror ____     |
| <input type="checkbox"/> Mouthwash ____    | <input type="checkbox"/> Nightgown ____     | <input type="checkbox"/> Pajamas ____      | <input type="checkbox"/> Pants ____      |
| <input type="checkbox"/> Purse ____        | <input type="checkbox"/> Radio ____         | <input type="checkbox"/> Razor ____        | <input type="checkbox"/> Rings ____      |
| <input type="checkbox"/> Rosary ____       | <input type="checkbox"/> Scarf ____         | <input type="checkbox"/> Shirt ____        | <input type="checkbox"/> Shoes ____      |
| <input type="checkbox"/> Shorts ____       | <input type="checkbox"/> Skirts ____        | <input type="checkbox"/> Slip ____         | <input type="checkbox"/> Slippers ____   |
| <input type="checkbox"/> Suspenders ____   | <input type="checkbox"/> Sweater ____       | <input type="checkbox"/> Toothbrush ____   | <input type="checkbox"/> T-shirt ____    |
| <input type="checkbox"/> Tie ____          | <input type="checkbox"/> TV ____            | <input type="checkbox"/> Underwear ____    | <input type="checkbox"/> Vest ____       |
| <input type="checkbox"/> Wallet ____       | <input type="checkbox"/> Walker / Cane ____ | <input type="checkbox"/> Wheelchair ____   | <input type="checkbox"/> Money \$ _____  |

Dentures:  Upper \_\_\_\_  Lower \_\_\_\_  Partial \_\_\_\_  Cleaner \_\_\_\_

Other: \_\_\_\_\_

**Please write name on items with permanent marker or secure labels.**

**I acknowledge that Pine Meadows Ranch Assisted Living Home is not responsible for damages, loss or theft of personal items. I am also the person responsible for taking this inventory of items, and bringing them to Pine Meadows Ranch.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_