

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 The Pines 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 The Pines.

Signature: _____ Date: _____