

**Shaker Place Rehabilitation and Nursing Center
Personal Belongings Log**

Resident Name: _____ **Date of Admission:** _____

Room #: _____

Personal items at time of admission:

Eye-Glasses/Contact Lenses: Describe _____

Hearing Aid: Right Left **Dentures:** Upper Lower

Jewelry: Yes No

If yes, list each item and describe:

1. _____
2. _____
3. _____
4. _____

Wallet: Yes No Color: _____

Pocketbook: Yes No Color: _____

Money: Yes No Amount: _____

Checkbook: Yes No Bank Name: _____

Credit Cards: Yes No Type: _____

Have the above been secured in Business Office Safe or Locked Box in Nightstand:

Yes No Declines Locked Drawer

Comments: _____

DO NOT THIN FROM CHART



Television: Yes No

If Yes, Brand: _____ Remote: Yes No

Electronics: Yes No

If Yes, Type: _____ Brand: _____

If Yes, Type: _____ Brand: _____

If Yes, Type: _____ Brand: _____

Resident Name: _____ Room #: _____

List each item in category and give description (brand, color, pattern, size, quantity, etc.)

Shirts/T-shirts/Sweatshirts/Blouses/Vests

Pants/Sweatpants/Shorts/Skirts/Dresses

Sweaters

Pajamas/Nightgowns/Robes

Underpants/Undershorts/Briefs

DO NOT THIN FROM CHART



Undershirts/Bras/Slips/Camisoles

Shoes/Socks/Slippers/Boots

Coats/Hats/Gloves

Miscellaneous: Belts/Scarves/Suspenders

Staff Signature: _____ Date: _____

Resident/Representative

Signature: _____ Date: _____

