



## Clothing, Medication and Personal Property Inventory

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Discharge or  Intake Date: \_\_\_\_\_ Date of Inventory: \_\_\_\_\_

Item:	Quantity:	Condition: (Good, Fair or Poor)	Correct Size: (Yes or No)
Jeans			
Dress Pants			
Dress Shirts/Blouses			
Skirts			
Dresses			
Shorts			
T-Shirts			
Sweaters			
Sweatshirts			
Underwear			
Pairs of Socks			
Bras			
Pajamas			
Robes			
Slips			
Swimsuits/Trunks			
Light Jacket			
Heavy Jacket			
Tennis Shoes			
Dress Shoes			
Other: (describe)			

**Personal Possessions Inventory:**

- ☆ *Personal possessions are an important link between the individual and “their new home”. When completing the initial inventory of personal possessions discuss with the individual the personal value of each item and indicate in the inventory listing the importance the individual places on each possession.*

Toys:

Clothing (not listed on previous page):

Jewelry:





**Medication Inventory (continued):**

Name of Medication	Administration Instructions	Amount Remaining

**Required Signatures:**

\_\_\_\_\_  
Person Sending Medication

\_\_\_\_\_  
Person Receiving Medication

