Montana Mental Health Nursing Care Center

Inventory of Personal Effects on Admission/Discharge

Resident Name: _____ **Wing:** _____

Date of Inventory: _____ **Inventoried By:** _____

Inventory

List Articles	Qty.	List Articles	Qty.

Items of Value

Item (*Rings, Watches, Radios, Suitcases, TV, etc.*)	Description

Clothing Measurements

Dress: _____**Shirt:** _____ **Pants (list inseam also)** _____ **Shoes:** _____

Underwear: _____ **T-Shirt:** _____ **Shorts:** _____ **Bra:** _____ **Height** _____

Dentures:
Upper _____ Lower _____ Marked _____

Hearing:
Left _____ Right _____ Marked _____

W/C _____ **Glasses** ____ Prosthesis: (Describe extremities)