

INSTRUCTIONS: Please complete **BOTH PAGES** of this form. **It must be returned prior to or on admission day.** Masonic Pathways representative and the resident/responsible party will sign it on admission day. The completed form will be filed in the Environmental Services Office. Records and information concerning each resident shall be maintained in such a manner as to preserve confidentiality.



Date of Admission: _____

Resident Name: _____

Resident's Guardian/DPOA: _____

PERSONAL ITEMS INVENTORY - Circle correct item

Contact Lens: Yes No color:	Dentures: Upper Lower Labeled:
Eye Glasses: Yes No Describe/ID Mark:	Hearing Aid: Yes No Serial #:
List Fine Jewelry:	Watch: Yes No
List Cash, Checkbook, Credit Cards:	Describe: (strap, brand):
Not recommended in HCC	Prosthetic: ID Mark:

CLOTHING LIST

QTY.	ITEM	DESCRIPTION	QTY.	ITEM	DESCRIPTION
	Bathrobe			Shirts	
	Belt			Shoes	
	Blouse			Skirts	
	Brassiere			Slippers	
	Coat			Slips	
	Dress			Socks	
	Girdle			Stockings	
	Gloves			Suit	
	Handkerchief			Suspenders	
	Hat			Sweater	
	House coat			Undershirt	
	Necktie			Underpants	
	Nightgown			Underwear - Long	
	Pajamas			Vests	
	Pants			Other	