

McLaren Print System Order

Order No: 62379
Order Date: 2021-05-12
User: Patricia Peterson
Phone: (810) 324-2193

Ship Location: McLaren Flint - P.A.T. (1 central) Attn: Tricia P.
401 S, Ballenger Hwy.
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 30510
Dept Name: Pre-Admission Testing
Company Number: 60

Order Total Price: 182.00

Item Number: 3805
Item Description: Patient Belonging Inventory
Revision Date: 1/2014
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

BLANKETING
Form M-1000
PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits
Socks	Shoelaces	Shirts	Shower Seats	Swimsuits
Shirts	Shirts	Shirts	Shirts	Shirts
Coats/Jackets	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Gold/Silver	Chips	Other Items	Other	Other
Other	Other	Other	Other	Other

Other: _____

I have read the following and acknowledge:

- McLaren Files will use for billing purposes for any money or property of any kind retained by me or kept in my possession while I am at the hospital.
- Please take all Valuables home when possible.
- After 60 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 324-2193 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: All / Patient / Responsible Party Relationship (to patient) _____

Receiving Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____ DQA

Patient has no belongings or belongings were taken with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuation with Patient as Individual Above <input type="checkbox"/> Yes <input type="checkbox"/> No From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above <input type="checkbox"/> Yes <input type="checkbox"/> No From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Individual Above <input type="checkbox"/> Yes <input type="checkbox"/> No From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above <input type="checkbox"/> Yes <input type="checkbox"/> No From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

Spec Info: *** Please 5 hole punch ***

For use by Security only:
 Continued/Expanded Check, Entries and any Object already used.
 Security Signature: _____ Date: ____/____/____ Handoff #: _____

All of my belongings have been returned to me.
 Patient Signature: _____ Date: _____

McLaren
PATIENT BELONGINGS
FORM M-1000



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