

MCLAREN NORTHERN REGION BEHAVIORAL HEALTH PERSONAL PROPERTY RECEIPT

ITEMS/UNIT LOCK UP	RETURNED TO PATIENT		ITEMS/UNIT LOCK UP	RETURNED TO PATIENT	
	INITIALS PATIENT	INITIALS STAFF		INITIALS PATIENT	INITIALS STAFF
<input type="checkbox"/> DENTAL					
<input type="checkbox"/> OPTICAL					
<input type="checkbox"/> HEARING DEVICE					
<input type="checkbox"/> MEDICAL DEVICE					
ITEMS TO CASHIER	RETURNED TO PATIENT		MEDICATIONS		
	INITIALS PATIENT	INITIALS STAFF			
			MEDS TO PHARMACY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HOME/FAMILY <input type="checkbox"/> OWN MEDS ON UNIT <input type="checkbox"/> MEDS IN MED ROOM		
Do you wish anyone else to receive a copy of this receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify: _____					
LUGGAGE AND CONTENTS: <input type="checkbox"/> ROOM (CLOSET) <input type="checkbox"/> HOME FAMILY _____					
OTHER _____					
<input type="checkbox"/> ROOM CHECKED <input type="checkbox"/> CLOSET CHECKED <input type="checkbox"/> MED ROOM CHECKED			PT. INIT. _____		STAFF INIT. _____
I have checked the above inventory, and agree with its contents.			SIGNATURE OF PATIENT		DATE SIGNED
			X		
I acknowledge that all of my personal belongings have been returned to me at time of discharge.			SIGNATURE OF STAFF		DATE SIGNED
			X		
			SIGNATURE OF PATIENT		DATE SIGNED
			X		
			SIGNATURE OF STAFF		DATE SIGNED
			X		



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PERSONAL PROPERTY
RECEIPT