

McLaren Print System Order

Order No: 81769
 Order Date: 2023-12-19
 User: Sonia Harris
 Phone: 810-342-2076

Ship Location: McLaren-Flint 7th Floor Central Elevators Attn: Mandi
 401 S. Ballenger
 Flint, 48532

Forms

Quantity: 500
 Paragon Dept No: 60
 Dept Name: 7 Central Behavior Health
 Company Number: 60

Order Total Price: 96.00

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: 5 Hole Top
 Poster:
 Misc Info:

McLAREN
 Form 3805-0000
PATIENT BELONGING INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL

Headsets	Gown	Aprons	Gloves/Hand x	Scraper
Shoe	Collar/shirt	Shirt	Shoes/Boots	Stethoscope
Coat/Jacket	Suit	Suit	Shoe	Stethoscope
Coat/Jacket	Suit	T-Shirt	Underwear	Other:

Other: _____

VALUABLES BROUGHT TO HOSPITAL

Wearing Aid - Rite - Left	Watches/Clock - Business - Other	Devices - Typewriter - Camera	Jewelry - Rings - Earrings	Tools - Wrench - Money
Cell Phone - Charger - I.D. Tag - Other	Prosthetics	Medications - Chest Plates - Colostomy	Eye Wear - Goggles - Contacts	Full Length Cards - Chest Plates - Cufflinks - Knives - Other

Other: _____ *Monetary items accepted on 1 bill

I have read the following and acknowledge:
 - McLaren Files will not be held responsible 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.
 - When not in the McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2076 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____
 Title: MRN / Patient / Responsible Party Relationship (to patient): _____
 Resolving Unit: _____ Resolving Staff Signature: _____
 Signature NOT Obtained Because: _____ DUA
 Patient has no belongings or belongings not listed with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION

Clothing & Valuables with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes listed below: _____ _____ _____	Clothing & Valuables with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes listed below: _____ _____ _____
Clothing & Valuables with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes listed below: _____ _____ _____	Clothing & Valuables with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes listed below: _____ _____ _____

Carry in Security only:
 Continued/Unreported Items, Entries and any Object directly used.
 Security Signature: _____ Date: ____/____/____
 Envelope #: _____

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

10-010 Medical Records
 10-011 Patient at Discharge
 10-012 Patient at Intake
 10-013 Patient at Intake
 10-014 Patient at Intake
 10-015 Patient at Intake
 10-016 Patient at Intake

8700

Spec Info: