

## McLaren Print System Order

Order No: 83829  
 Order Date: 2024-03-17  
 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: 94.75

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  
 Poster:  
 Misc Info:

McLAREN  
 Form 3805-0000  
**PATIENT BELONGING INVENTORY**

**ARTICLES OF CLOTHING BROUGHT TO HOSPITAL**

|               |                |             |                |                |
|---------------|----------------|-------------|----------------|----------------|
| Headsets      | Shoes          | Accessories | Shoes/Boots    | Shower         |
| Shirts        | Shirts/Blouses | Shirts      | Shirts/Blouses | Shirts/Blouses |
| Coats/Jackets | Socks          | T-Shirts    | Underwear      | Other          |

Other: \_\_\_\_\_

**VALUABLES BROUGHT TO HOSPITAL**

|   |  |                                     |   |                               |
|---|--|-------------------------------------|---|-------------------------------|
| Wearing Aid<br>- Rite<br>- Left             | Watches<br>- Business<br>- Other             | Devices<br>- Typewriter<br>- Camera | Jewelry<br>- Rings<br>- Necklaces                     | Tools<br>- Wrench<br>- Hammer |
| Cell Phone<br>- Charger<br>- USB<br>- Other | Medications<br>- Other Items<br>- Laboratory | Eye Wear<br>- Goggles<br>- Contacts | Medical<br>- Chest Plates<br>- Catheters<br>- Bandage | Other                         |

Other: \_\_\_\_\_ \*Monetary items accepted on U.S. only

I have read the following and acknowledge:

- McLaren Flint will not be liable (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 Flint 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): \_\_\_\_\_  
 Receiving Unit: \_\_\_\_\_ Receiving 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<br>(Y/N or Q/W)<br>From room #: _____<br>To room #: _____ | Date: _____ Initial: _____<br>Changes listed below: _____ | Clothing & Valuables with Patient as Indicated Above<br>(Y/N or Q/W)<br>From room #: _____<br>To room #: _____ | Date: _____ Initial: _____<br>Changes listed below: _____ |
| Clothing & Valuables with Patient as Indicated Above<br>(Y/N or Q/W)<br>From room #: _____<br>To room #: _____ | Date: _____ Initial: _____<br>Changes listed below: _____ | Clothing & Valuables with Patient as Indicated Above<br>(Y/N or Q/W)<br>From room #: _____<br>To room #: _____ | Date: _____ Initial: _____<br>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 Discharge  
 10-014 Patient at Intake  
 10-015 Patient at Discharge  
 10-016 Patient at Intake

8700

Spec Info: