

ADMISSION INVENTORY SHEET

Admission Date:	Resident Name:	Rm#:

Item	Item Description	Purchase Price/Approx. Value	Quantity	Discharged w/patient? yes/no (if not, whydamaged, discarded, etc.?)

Item	Item Description	Purchase Price/Approx. Value	Quantity	Discharged w/patient? yes/no (if not, whydamaged, discarded, etc.?)
SIGNATURES REQUIRED AT AD	MISSION			
Resident/Guardian Signature:				
Resident Name Printed:		Date:/		
Staff Signature:				
Staff Name Printed:		Date:/		
SIGNATURES REQUIRED AT DIS	SCHARGE			

Date: ____/___/__

Date: ____/___

Resident/Guardian Signature: Resident Name Printed:

Staff Signature: Staff Name Printed:



ADDENDUM INVENTORY SHEET (This sheet must remain with initial admission inventory sheet)

Date Added:	Resident Name:	Rm#:

Item	Item Description	Purchase Price/Approx. Value	Quantity	Discharged w/patient? yes/no (if not, whydamaged, discarded, etc.?)

Item	Item Description	Purchase Price/Approx. Value	Quantity	Discharged w/patient? yes/no (if not, whydamaged, discarded, etc.?)
SIGNATURES REQUI	RED AT ADDENDUM			
Resident/Guardian S	ignature:			
Resident Name Print	ed:	Date://		
			_ _	
Staff Signature: Staff Name Printed:		Date: / /		
Stall Name Pfinted.		Date/		
	IRED AT DISCHARGE		\neg	
Resident/Guardian S		D. ()		
Resident Name Print	ea: 	Date://		
Staff Signature:				
Staff Name Printed:		Date:/		