

Consumer Belongings Form

Resident name: _____

Room No: _____

Date: _____

Equipment	Appliances and Furniture	Personal Valuables
<input type="checkbox"/> Walking frame	<input type="checkbox"/> Radio	<input type="checkbox"/> Jewellery
<input type="checkbox"/> 3 wheel walker	<input type="checkbox"/> DVD Player	<input type="checkbox"/> Wedding Ring
<input type="checkbox"/> Lower limb prosthesis (left)	<input type="checkbox"/> CDC Player	<input type="checkbox"/> Watch
<input type="checkbox"/> Wheelchair standard	Other (List Below)	<input type="checkbox"/> Wallet
<input type="checkbox"/> Quad stick		<input type="checkbox"/> Handbag
<input type="checkbox"/> 4 wheel walker		<input type="checkbox"/> Cash
<input type="checkbox"/> Hearing Aids		Other (List Below)
<input type="checkbox"/> Glasses		
<input type="checkbox"/> Dentures – Upper and Lower		
<input type="checkbox"/> Lower limb prosthesis (right)		
<input type="checkbox"/> Wheelchair tilt		
<input type="checkbox"/> Walk belt		
<input type="checkbox"/> Gutter frame		
<input type="checkbox"/> Fall-out/Comfort chair		
<input type="checkbox"/> Wheelchair electric		
<input type="checkbox"/> Pick-up frame		
<input type="checkbox"/> Leg caliper (left)		
<input type="checkbox"/> Pressure point reduction chair		
<input type="checkbox"/> Electric scooter		
<input type="checkbox"/> Zimmer frame		
<input type="checkbox"/> Leg caliper (right)		
<input type="checkbox"/> Straight back geriatric chair		
<input type="checkbox"/> Lifting machine/Hoist		
<input type="checkbox"/> 4-point frame		
<input type="checkbox"/> Leg brace (left)		
<input type="checkbox"/> Leg brace (right)		
<input type="checkbox"/> Arm caliper		

Resident Name: _____

Person Responsible: _____

Relationship to Resident: _____

Signature of resident or representative: _____

Date: _____

Staff Signature: _____

Clothing List

RESIDENT NAME:
ROOM No:
DATE:

Items to be labelled	
Item	Quantity and Description if Required
Blouse	
Bra	
Cardigan	
Coat	
Dress	
Dressing Gown	
Handkerchief	
Hat	
Jacket	
Jumper	
Nightgown	
Overcoat	
Pants / Trousers	
Pyjama	
Shirt	
Singlet	
Skirt	
Slippers / Thongs	
Shoes	
Socks	
Stockings	
T-shirt	
Underwear	
Vest	
Other	

Resident Name: _____

Person Responsible: _____

Relationship to Resident: _____

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Date: _____

Staff Signature: _____