

CLIENT NAME:

INVENTORY OF PERSONAL POSSESSIONS

DATE:

FURNITURE	DESCRIPTION	CONDITION	HISTORY/DATE	OTHER COMMENTS
dresser, nightstand, mattress, headboard, cedar chest, etc.	brown wood, white pressboard, blue stained, etc.	drawer/hinge missing, scratched/chipped, urine/feces stained, ripped, etc.	family heirloom arrived with client, b'day gift from guardian 2007, unsure, etc.	broken by client, thrown out became safety issue, taken by parent/guardian
MOTORIZED/LEISURE	DESCRIPTION	CONDITION	HISTORY/DATE	OTHER COMMENTS
snow machine, car/truck, bicycle, scooter, etc.	make, model, color, year, etc.	new, used, running condition, flat tire, inspected and registered, etc.	bought from dealer, paid in full, financed and making payments, gift, etc.	safety equipment and operator instructions reviewed, maintenance performed, etc.
MEDICAL/SAFETY	DESCRIPTION	CONDITION	HISTORY/DATE	OTHER COMMENTS
wheelchair, walker, stair chair, hospital bed, crutches, cane, blood pressure cuff, etc.	electric, manual, folding, padded, cloth, color, etc.	stained, dirty, works but not the way it's supposed to, etc.	rented, purchased, borrowed, etc.	needs to be replaced, repaired, updated, etc.
End Of List				

Signature of Person Completing This Form:

