CEDAR CREEK HOSPITAL of Michigan

Patient Label

PATIENT PROPERTY/APPROVED UNIT ITEMS UPON ADMISSION

Please fully complete form, including legible signatures. All secured belongings require a security seal and designated number.

I authorize CCH staff to search my belongings and I understand all belongings and valuables on the unit are solely my responsibility. Valuables not on the unit will be secured in CCH's secured inventory bags as indicated by hospital policy and **I may not access these items for the duration of my stay**. I understand that I may have a total of 3 outfits and 1 pajama outfit during my stay in order to comply with CCH policy.

ALL ITEMS / CLOTHING			# Jewelry On Unit
Pants / Sweatpants ☐☐☐ *(No drawstrings, leggings, torn items; **Adults only**: Shorts slightly above knee)*	**Sweatshirt / jacket** ☐ *(No yarn / lace sweaters, no buttons, zippers longer than 4 inches / no hoodies)*	**Books / Bible** ☐☐☐ (Soft cover / appropriate material)	Ear x _____ Nose x _____
Shirts ☐☐☐ *(Tank top straps ≥ width of credit card)* (Appropriate logos / no sheer, spaghetti straps, crop tops, cleavage)	**Underwear** ☐☐☐ *(No thongs or lace)*	**Retainers** (Top / Bottom) ☐ ☐	Eyebrow x _____ Other facial x _____
PJ (No strings, 1 top, 1 bottom) ☐ / ☐	**Socks** *(No tube socks)* ☐☐☐	**Contact Lenses / solution** ☐ / ☐	Body x _____
Bras *(No underwire)* ☐☐☐	**Shoes** *(No laces)* ☐	**Dentures** (Full or Partial) ☐	CPAP ☐
Medication secured *(Taken to pharmacy; if after hours, placed in med room):* **Yes** ☐ **No** ☐ **N/A** ☐ *(No meds brought in)*			

MEDICAL / PERSONAL ASSISTED DEVICES			
Eye Glasses-(describe):	**Walker** ☐	Belongings Seal # _____ Date: _____Init:_____	Medication Seal # _____
Hearing Aids Yes ☐ No ☐ **Batteries** Yes ☐ No ☐	**Wheelchair** ☐	Belongings Seal # _____ Date: _____Init:_____	Safe Seal # _____
Phone List *(Reasons you may need phone numbers - **NO ACCESS** once sealed)* *Family, Friends, Ride, Clergy, Atty, Work, School, Dr./Therapist, Military, Child care Bills (rent, power, utilities, car pmt, mortgage, other pmts), Unemployment, Pet care*		Belongings Seal # _____ Date: _____Init:_____ **Phone list reviewed & Phone #'s written down** ☐ Refused ☐	**CCH clothes given to patient** ☐

I (patient) acknowledge that all my belongings / valuables have been sealed securely by CCH staff. I have also been advised that any and all valuables should not be retained at CCH. Any approved items I retain in my possession, I accept full responsibility for and will not hold CCH or its staff responsible for any loss or damage.

Patient/Guardian Signature: _____ **Date:** _____ **Time:** _____

Staff/Witness Signature(s): _____ **Unit Staff Signature:** _____ **Date:** _____ **Time:** _____

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Discharge

I (patient) acknowledge that I have received all the items brought to CCH and will not hold CCH responsible for any items left behind at the time of my discharge.

Patient/Guardian: _____ Date: _____ Time: _____

Staff Witness: _____ Date: _____ Time: _____

New Items (Marked in red): Staff Name: _____ Date: _____

New Items (Marked in red): Staff Name: _____ Date: _____

Upon Discharge

**** Belongings from patient room returned to patient:** Yes ☐ No ☐

**** CPAP / equipment returned to patient:** Yes ☐ No ☐ N/A ☐

**** Belongings from hygiene drawer returned to patient:** Yes ☐ No ☐

**** Meds from unit med room returned to patient**: Yes ☐ No ☐ N/A ☐

**** Medications from pharmacy returned to patient**: Yes ☐ No ☐ N/A ☐

**** CCH clothing returned:** Yes ☐ No ☐ (Pt doesn't have own clothing) N/A ☐

Staff Name: _____ Date: _____ Time: _____