

CAMHS Inpatient Record of Young Person's Property

All property brought into the hospital for storage by hospital staff should be thoroughly checked and itemised below	Name:				
	Address:				
Two nurses to record the property inventory					
This record should be signed by the young person on admission	MRN: Date of Birth:				
					Unit Name:
	All property to be retained in ho All Entries should be signed an	ospital on behalf of the patient for dated by the nurse	or storage in ho	spital: (Place unsafe objects	etc into secure storage)
Have any Medications been sent to Pharmacy?		Yes	No		
Have any Medications been se	nt home with a Parent/Guardiar	ı? Yes	No		
(If yes name parent/guardian a	nd list medications (name/quan	tity).			

On Admission, were any medication retained on the ward for urgent use? Yes No					
If yes – Please record:					
Medication name					
Dose					
Prohibited/ Restricted Items Returned / Stored Yes No					
1. On Transfer (to Ward:	2. On Discharge (to Ward:				
All property listed on this form is in my possession.	All property listed on this form is in my possession.				
Young Person's signature	Young Person's signature				
Date	Date				
I hereby accept full responsibility for the property I retain in my possession while I am a patient in CAMHS. I understand that I have a responsibility to inform nursing staff of any additional property that I subsequently bring into the hospital, or any given to me by visitors, in the interests of safety.					
Signature of Admitting Nurse:	Young Person's signature				
Date:					