

Examination of Belongings - High Risk Clients

1) Searching of Belongings

Client or guardian has been informed that a search of belongings is to take place: (note: if client or guardian refuses, see box 2)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employee's Signature:	Date:
Client or Guardian's Signature:	Date:

2) Refusal

If client refuses to sign for removal of articles:	
Signature of Witness 1 (Employee):	Date:
Signature of Witness 2 (Employee):	Date:

3) Items Removed

Items removed:	
Employee's Signature:	Date:
Client or Guardian's Signature:	Date:

Items given to family member/guardian <input type="checkbox"/>	Items stored in safe place by LGH <input type="checkbox"/>
Employee's Signature:	Where: _____ Date:
Client or Guardian's Signature:	Date:

4) Items Returned

The above items returned to client/guardian:	Items not returned to client/guardian:
Client or Guardian's Signature:	Date:
Employee's Signature:	Date:

Labrador-Grenfell Health does not accept responsibility for the loss or damage to a client's personal belongings.