

Packing List for Post Hospital Rehab Stay

Name: _____ Date: ____/____/____

Clothes	Description
<input type="checkbox"/> Pants Qty: <input style="width: 40px; height: 25px;" type="text"/>	
<input type="checkbox"/> Tops Qty: <input style="width: 40px; height: 25px;" type="text"/>	
<input type="checkbox"/> Underwear	Qty: <input style="width: 40px; height: 25px;" type="text"/>
<input type="checkbox"/> Socks	Qty: <input style="width: 40px; height: 25px;" type="text"/>
<input type="checkbox"/> Shoes	
<input type="checkbox"/> Sweater	
<input type="checkbox"/> Pajamas & Robe	
<input type="checkbox"/> Slippers	
<input type="checkbox"/>	

Hygiene Products	Description/Brand
<input type="checkbox"/> Toothbrush/ toothpaste	
<input type="checkbox"/> Hairbrush/comb	
<input type="checkbox"/> Shampoo/ Conditioner	
<input type="checkbox"/> Hairstyling products	
<input type="checkbox"/> Blow dryer	
<input type="checkbox"/> Makeup	
<input type="checkbox"/> Dentures, etc.	
<input type="checkbox"/> deodorant	
<input type="checkbox"/> Tissues	
<input type="checkbox"/>	

Daily Living Aids
<input type="checkbox"/> Glasses
<input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> CPAP/BiPAP <input type="checkbox"/> Distilled water
<input type="checkbox"/> Cane or other mobility device
<input type="checkbox"/> Cellphone <input type="checkbox"/> Charger
<input type="checkbox"/> List of contacts

Other Important Items
<input type="checkbox"/> List of Prescription Medications You Take
<input type="checkbox"/> Medications Not provided by Facility: Only w/ Prior Approval. Give to nurse's station:
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> Insurance Card
<input type="checkbox"/> Driver's License or Picture ID

Other Helpful Items
<input type="checkbox"/> Notebook, pen/pencil *
<input type="checkbox"/> Reading materials
<input type="checkbox"/> iPad <input type="checkbox"/> iPad charger <input type="checkbox"/> lock for iPad
<input type="checkbox"/> Pictures of loved
<input type="checkbox"/> Other personal items to make you feel at home:
<input type="checkbox"/> Pillow
<input type="checkbox"/> Blanket
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

DO NOT BRING:
 Jewelry or other valuables.
 Large amounts of cash.
 Anything you can't replace.

It would be beneficial to complete this inventory list and give a copy to the facility where you are staying. Also, reference it when packing to leave the facility.

*This will be very helpful for keeping track of important medical information provided by doctors & caregivers.

Sign Off: by You: (print & sign) _____

by Caregiving Community:(print & sign) _____