



GOLDEN DOOR GERIATRIC CENTRE
CLOTHING TO BE LABELED

Resident Name: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Room # \_\_\_\_\_

Date Brought In: \_\_\_\_\_

Please indicate below the NUMBER of articles of clothing for each category that you are submitting for labeling. Submit all items to be labeled with this form to the FRONT DESK or CARE COORDINATOR.

- Underwear, Bras, Socks (pairs), Undershirts, T-Shirts, Blouses, Button Shirts, Slacks, Jeans, Leisure Suit (pants with matching top), Sweat Pants, Other (please describe), Other (please describe), Other (please describe), Blanket (Please describe colors/pattern), Quilt (Please describe colors/pattern), Afgan (Please describe colors/pattern), Sweat Top/Hoodie, Cardigan (button front), Sweater, Vest, Dress, Skirt, Shorts (summer), Nightgown, Nightshirt, 2 Piece Pajamas, Housecoat, Slippers, Jacket, Coat, Gloves/Mitts, Scarf, Hat/Toque, Shoes, Runners, Boots

ADMINISTRATION USE ONLY

Received By: Staff Member Name Date Received

Labeled By: Staff Member Name Date Labeled

~ Laundry to submit form to front desk once complete ~