

CONNECTICUT VALLEY HOSPITAL
PATIENT CLOTHING DESCRIPTION
COMMUNITY TRIPS

Day and Date of Trip _____ Time From _____ To _____ Completed By (Signature) _____

Patient Name	Unit	Foot Wear - Check Type						Attire - Check Type						Outerwear - Check Type					Other*	
		Shoes	Sneakers	Boots	Sandals	Other	Color	Pants	Shorts	Skirt	Dress	Top/Shirt	Other	Color	Jacket	Coat	Sweatshirt	Other	Color	

*Other (examples): other types of clothing, jewelry, piercings, tattoos, etc.

Prior to leaving the unit, observe what patients are wearing and provide a color/type description under the appropriate heading.

DISTRIBUTION: WHITE - Unit

YELLOW - Trip Leader

(Discard form upon return to the hospital.)