

**AMBULATORY PROCEDURE HISTORY
AND PHYSICAL EXAMINATION**

Must be completed within 30 days before the procedure,
and must be updated within 24 hours prior to surgery.

Patient Name: _____
Patient Birthdate: _____
OR Affix patient label

TO BE COMPLETED BY DOCTOR PRIOR TO PROCEDURE FOR ALL PATIENTS - OR - SEE DICTATED NOTE

PROCEDURE: _____

H&P
DATE: _____
SURGERY
DATE: _____

Current Medications	Dosage	Current Medications	Dosage

Allergies: _____

Indication for procedure: _____	Preop Diagnosis: _____

BP: _____ **Required for age 19 and older**

Mental Status: Alert Other: _____

Pertinent comorbid conditions / family - social history: _____	Exam pertinent to procedure and comorbid conditions: _____

IF ANYTHING OTHER THAN LOCAL ANESTHESIA, COMPLETE THIS SECTION.

Normal Comments, if abnormal

Heart _____

Lungs _____

Dictation must address acknowledgement and follow-up of all abnormal vital signs and test results.

PHYSICIAN SIGNATURE / # _____ Date: _____ Time: _____

HISTORY AND PHYSICAL EXAMINATION UPDATE

**MUST BE UPDATED WITHIN 24 HOURS
PRIOR TO SURGERY**

- Current status for surgery: No change following physical exam
 Changes - Dictated
 Changes - Complete H&P Examination Update Form

Documentation should include acknowledgement and follow-up of all abnormal vital signs and test results.

PHYSICIAN SIGNATURE / # _____ Date: _____ Time: _____

