Patient Name:

Patient Birthdate:

OR\_Affix patient label

## GRAND VIEW HOSPITAL 700 Lawn Avenue Sellersville, PA 18960

## HISTORY AND PHYSICAL EXAMINATION UPDATE

	EXAMINATION UPDATE
<ul> <li>□ No changes following physical exam.</li> <li>□ Patient examined - changes dictated.</li> <li>□ Patient examined - changes noted below.</li> </ul>	
Documentation should include acknowledgement an	d follow up of abnormal vital signs and lab tests.
Physician Signature / #	Date Time