

Patient Name: \_\_\_\_\_

Patient Birthdate: \_\_\_\_\_

OR Affix patient label

**GRAND VIEW HEALTH**  
700 Lawn Avenue  
Sellersville, PA 18960

**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.

**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 <input type="checkbox"/>	_____
Lungs <input type="checkbox"/>	_____

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**

- 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:** \_\_\_\_\_