Patient Name:

Patient Birthdate:

OR Affix patient label

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

## HISTORY AND PHYSICAL EXAMINATION UPDATE

 $\Box$  No changes following physical exam.

□ Patient examined - changes dictated.

 $\Box$  Patient examined - changes noted below.

Documentation should include acknowledgement and follow up of abnormal vital signs and lab tests.

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



HISTORY AND PHYSICAL EXAMINATION UPDATE