

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
☐ Patient examined - changes dictated
☐ Patient examined - 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:** _____

**AMBULATORY PROCEDURE HISTORY
AND PHYSICAL EXAMINATION**