

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 ☐ _____
Lungs ☐ _____

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

Date: _____ **Time:** _____ **PHYSICIAN SIGNATURE** _____

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.

Date: _____ **Time:** _____ **PHYSICIAN SIGNATURE** _____

