Le Bonheur
Methodist Healthcare Family Children's Hospital

(Place Patient Identification Sticker Here)

# HISTORY & PHYSICAL UPDATE/ADDITION

## History & Physical Exam/Status Date H&P Performed: _____

**If History and Physical was completed prior to admission but is <u>less than thirty (30) days old</u>, please complete this update:**

- ❑ H&P was reviewed, the patient was examined, and no change has occurred in the patient's condition since the H&P was completed.
- ❑ H&P was reviewed and the patient was examined revealing the following changes:

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- ❑ Addition(s) to current H&P due to missing element(s), if applicable:

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Signature: _____ ID # _____ Date: _____ Time: _____

If History & Physical is <u>greater than **(30)** days old</u> **OR** has not been completed, a new H&P is required.