HISTORY & PHYSICAL UPDATE/ADDITION

History & Physical Exam/Status Date H&P Performed: ____________

If History and Physical was completed prior to admission but is less than thirty (30) days old, 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 greater than (30) days old OR has not been completed, a new H&P is required.