



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: HISTORY AND PHYSICAL

POLICY NO. 608

CATEGORY: Health Information Management	EFFECTIVE DATE: 9/86
POLICY CONTACT: Griselda Gutierrez, MD	UPDATE/REVISION DATE: 5/22
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To ensure that a history and physical is completed for patient admissions and Ambulatory Care patients.

POLICY:

Harbor-UCLA Medical Center will ensure that the medical record shall contain sufficient documentation of the patient's condition upon admission and support the diagnostic impression and initial treatment plan. The history and physical is expected to be documented within twelve (12) months of empanelment as an "Ambulatory Provider Initial Health Assessment Note".

Per Policy #355 (Procedural Sedation), patients who are administered procedural sedation for Ambulatory Care services are required to have had a history and physical completed, signed or co-signed by the Physician of Record, and documented in the patient's medical record within thirty (30) days of the procedure. The patient's status will be re-evaluated/updated within 24 hours of the scheduled procedure.

PROCEDURE:

I. ADMISSION HISTORY AND PHYSICAL

1. The Admission History and Physical must contain the following:
 - a. History of present illness (HPI).
 - b. Physical examination, to include as a minimum:
 - Vital signs
 - Heart and lungs
 - Organ system(s) relevant to the chief complaint or reason for admission
 - c. Assessment or Impression, and plan.
2. In addition, the History and Physical may contain as appropriate for the medical care:
 - a. Past Medical History (PMH)
 - b. Immunization status

REVISED: 1/96, 1/99, 2/05, 8/06, 1/08, 4/09, 1/14, 1/18, 5/22

REVIEWED: 9/89, 10/92, 1/96, 1/99, 2/02, 4/09, 1/14, 1/18, 5/22

APPROVED BY:

Anish Mahajan, MD
Chief Executive Officer
Chief Medical Officer

Griselda Gutierrez, MD
Associate Chief Medical Officer

Jason Black, MBA, DNP, RN
Chief Nursing Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: HISTORY AND PHYSICAL

POLICY NO. 608

- c. Review of systems
- d. Family History (FH)
- e. Social History (SH)
- f. Laboratory data
- g. Other physical exam findings not relevant to the chief complaint or reason for admission.

The Admission History and Physical must be completed within twenty-four (24) hours after admission, or no more than thirty (30) days before. If the History and Physical is completed < 30 days prior to admission, an updated medical record entry documenting any changes in the patient's condition must be completed within twenty-four (24) hours after admission. If > 30 days old, a new History and Physical must be performed and documented. If the patient is having surgery within the first 24 hours after admission, the Admission History & Physical or update must be performed prior to surgery or a procedure requiring anesthesia. The Admission History and Physical must be reviewed, corrected as necessary, and signed or co-signed by the Attending Physician, or the Attending may document his/her own History and Physical separately.

In cases of immediate emergency, a pre-operative History and Physical note is not required prior to surgery.

II. AMBULATORY CARE HISTORY AND PHYSICAL

Providers will record a patient's history and physical examination in the patient's medical record for outpatients who:

- a. Are administered anesthesia.
- b. Receive conscious sedation.

Primary Care History and Physical must have the following components:

- Past Health History
- Comprehensive physical examination
- Age and gender-appropriate preventive health measures

The history and physical is expected to be documented within twelve (12) months of empanelment as an "Ambulatory Provider Initial Health Assessment Note".

Recurrent health evaluations occur in accordance with the frequency that is appropriate for individual risk factors. The type, quantity, and frequency of preventive services will depend on the most recent preventive health recommendations.

Other outpatients will have a specialty-focused assessment and exam as clinically indicated.

Reviewed and approved by:
Medical Executive Committee 05/2022

Beverley A. Petrie, M.D.
President, Professional Staff Association