



Attach patient identification label

URN: .....

Episode: .....

Patient Name: .....

Date of Birth: ..... Sex: .....

Patient Details

## DOCUMENTATION QUERY

Clinician: \_\_\_\_\_ Speciality: \_\_\_\_\_ Ward: \_\_\_\_\_

Admission date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Your clinical judgement is required to clarify the following to support accurate and complete documentation, clinical classification, and reporting requirements.*

Dear Dr Smith,

This patient underwent adhesiolysis during their (insert operation(s)) performed on (date of operation).

Their surgical history includes (list of previous abdominal surgery).

If possible, can you please confirm the reason(s) for the adhesions: (confirmed or suspected)

- a. Due to previous surgery
- b. Due to past infection
- c. Other (please specify)
- d. Unable to clinically determine

Details / further comments:

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Print Name: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HIM / CDS / Clinical Coder: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Method of Contact: E-mail  Phone  Fax  Meeting

BINDING MARGIN - DO NOT WRITE IN THIS AREA

DOCUMENTATION QUERY