



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,

Clinical documentation indicates that this patient was treated for (insert diagnosis e.g., postop ileus) on (insert date of documentation entry). A (insert relevant operation(s)) was performed on (insert date). Qualifying terms such as 'intraoperative', 'postprocedural', or 'in the setting of' may indicate a causal relationship to a condition, or may simply refer to the timing of the condition that occurred during, or after, the procedure. Considering this, can you clarify whether the (insert diagnosis e.g., postop ileus) is considered: (confirmed or suspected)

- a. Secondary to the procedure
- b. Occurring in the postoperative period but NOT secondary to the procedure
- 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