



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

This patient underwent adhesiolysis during their ..... performed on

Their surgical history includes

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