



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

The discharge summary for this patient lists multiple conditions each meeting the criteria for principal diagnosis. If possible, can you please review and confirm the most appropriate principal diagnosis (i.e., the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care – confirmed or suspected).

- a.
- b.
- c. Other (please specify)
- d. Unable to clinically determine

Details / further comments:

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