



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

Unfortunately, no discharge summary and/or letter was available at the time of coding.

This patient was admitted and managed for

Their past medical history also includes

If possible, can you please clarify the principal diagnosis for this episode of care? (confirmed or suspected)

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