Attach patient identification label

URN: ....

Episode:...

Patient Name: ....

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

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 principal diagnosis on the discharge summary is listed as

Pathology later confirmed a diagnosis of

Considering this new information do you wish to:

    a. Keep the principal diagnosis as
    b. Update the principal diagnosis to
    c. Update the principal diagnosis to another condition (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 ☐