Please return this form by fax to:_____

Dear Dr._____Date: _____

Coder/CDS:_____ Phone #_____

Exercise your independent professional judgment when responding to this query. Questions asked do not imply that a particular answer is desired or expected. We greatly appreciate your clarification on this issue.

Clinical Documentation States:

"Abdominal Pain" is documented ……

Clinical Findings Show:

Please specify the etiology of Abdominal Pain:

[ ] Appendicitis, Acute
[ ] Diverticulitis, Acute
[ ] Pancreatitis, Acute
[ ] Cholelithiasis
[ ] Cystitis
[ ] Cholecystitis
[ ] Cholangitis
[ ] Cancer
[ ] Gastroenteritis, Bacterial
[ ] Gastroenteritis, Viral
[ ] Gastritis
[ ] Intestinal Obstruction
[ ] Thoracic Aortic Aneurysm
[ ] Peritonitis
[ ] Peritoneal Inflammation
[ ] Peritoneal Irritation
[ ] Peritoneal Infection
[ ] Retroperitoneal infection
[ ] Pyelonephritis
[ ] Pelvic Inflammatory Disease
[ ] Urinary Tract Infection
[ ] Uremia
[ ] Ulcerative Colitis
[ ] Vascular Insufficiency of intestine
[ ] Constipation
[ ] GERD
[ ] Peptic Ulcer
[ ] Diabetic Ketoacidosis
[ ] Mesenteric Artery Occlusion
[ ] Hernia
[ ] Irritable Bowel Syndrome
[ ] Shingles
[ ] Renal Stones
[ ] Trauma(please specify):
_____
[ ] Other:_____
[ ] Unable to determine
[ ] Not applicable

Present on Admission: [ ]Yes (**Y**) [ ]Clinically Undeterminable (**W**) [ ]No (**N**)

Please also document response in your Progress Notes and/or Discharge Summary and indicate if the condition was present on admission.

Physician Signature:_____**Date:** _____

PATIENT ID

1 QU

DOCUMENTATION INTEGRITY, PHYSICIAN QUERY FORM
ABDOMINAL PAIN
PHSI-310-001 (05/15)