

PHYSICIAN'S DOCUMENTATION REQUEST

This form is not a permanent document
in the medical record

Reviewer: _____ Ext. _____

Query Date: _____

COVID-19 SPECIFICITY

By submitting this query, we are merely seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question(s) below.

Dear Doctor,

Clinical indicators

Signs and symptoms of, as documented in:

<input type="checkbox"/> Cough _____	<input type="checkbox"/> Respiratory distress _____
<input type="checkbox"/> Diarrhea _____	<input type="checkbox"/> Respiratory failure _____
<input type="checkbox"/> Fever _____	<input type="checkbox"/> Sore throat _____
<input type="checkbox"/> Lethargy _____	<input type="checkbox"/> Vomiting _____
<input type="checkbox"/> Loss of taste _____	<input type="checkbox"/> Weight loss _____
<input type="checkbox"/> Loss of smell _____	<input type="checkbox"/> Other: _____

Clinical findings and/or treatments:

Risk factors as documented in:

<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Immunocompromised due to: _____
<input type="checkbox"/> COPD _____	<input type="checkbox"/> Recent travel to: _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Tobacco use _____
<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Other: _____

COVID-19 is documented in the medical record. Can this diagnosis be further specified and/or can any associated diagnosis(es) be documented, such as COVID-19 with:

Respiratory manifestations e.g., bronchitis, upper respiratory infection, or other: _____

Pneumonia (please specify type) _____

GI manifestations: _____

Sepsis or septic shock: _____

Cardiac manifestations e.g., myocardial infarction, viral myocarditis/cardiomyopathy, heart failure, cardiogenic shock _____

Hepatic manifestations e.g., viral hepatitis or liver failure (specify acuity) _____

Secondary hemophagocytic lymphohistiocytosis or other acute inflammatory response _____

Hematological conditions e.g., thrombocytopenia, DIC _____

PLEASE DOCUMENT ANY ADDITIONAL DIAGNOSES AND/OR SPECIFICITY IN THE PROGRESS NOTES AND/OR DISCHARGE SUMMARY.

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<input type="checkbox"/> Other manifestations (please specify): _____
<input type="checkbox"/> Unable to determine or unknown