

MALNUTRITION PHYSICIAN QUERY FORM

THIS FORM IS A PERMANENT PART OF THE MEDICAL RECORD

Date: _____

Dear Dr. _____:

**Please return this form by fax to:
XXX-XXX-XXXX**

In responding to this query, please exercise your independent professional judgment. The fact that a question is asked does not imply that any particular answer is desired or expected. Thank you for your clarification on this documentation.

Coder's Name: _____ Coder's Phone #: _____

Patient Name: _____

Admit Date: _____ Discharge Date: _____

MR#: _____ Acct #: _____

The physician must have documented malnutrition and the patient must have significant clinical indicators for the type of malnutrition present prior to querying. Significant clinical indicators are defined as having or likely to have influence or effect or probably caused by something other than mere chance.

The medical record reflects the following clinical findings suggestive of Malnutrition:

Check here if indicator is present	Clinical indicator	Location in the medical record which reflects the clinical findings
	Edema/fluid retention or edema	
	Weight loss	
	Visible wasting of muscle/tissue	
	Enlargement or tenderness of liver/abdomen	
	Signs of circulatory collapse (i.e. cold hands/feet, weak radial pulses, diminished consciousness)	
	Dry scaly and/or peeling skin	
	Pressure sores and/or other skin lesions	
	Severe pallor	
	Brittle nails and/or hair loss	
	Low value of serum proteins	

Please respond to the following question and take the appropriate action based on your response:

Based on your medical judgment of the clinical indicators outlined above, can you identify the specific type of malnutrition (e.g. Kwashiorkor, marasmus, severe protein-calorie, moderate, mild, etc.)?

If yes, please document the specific type of malnutrition in the space below and/or in the medical record (progress notes, dictated report, or as an addendum to a dictated report), sign and date.

If no, please initial in or check the box, sign and date.

If unable to determine, please initial in or check the box, sign and date.

PHYSICIAN SIGNATURE

DATE