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Uniform Data System
for Medical Rehabilitation

The Functional Assessment Specialists

UDSMR® Physician Query Forms

Does your facility have an effective querying process?

The UDSMR® Physician Query Forms will improve the collaboration process with your physicians.

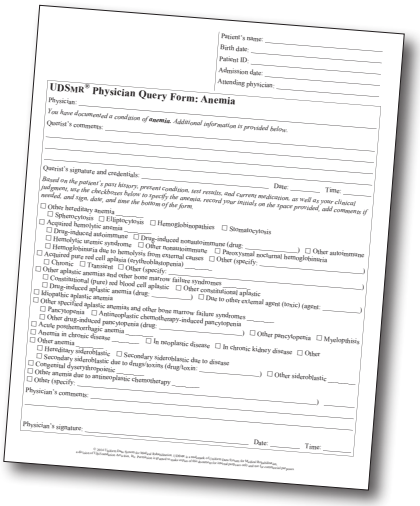
Are you confident your physicians are providing enough information to represent specific conditions?

The UDSMR® Physician Query Forms simplify the query process in an organized manner.

Do you need a communication tool that can help you clarify the physician's documentation in each medical record?

The UDSMR® Physician Query Forms include over thirty detailed condition-specific queries that will help you assign accurate codes.

Inpatient rehabilitation facilities are tasked with providing complete, accurate documentation for medical conditions—documentation that results in accurate codes. UDSMR has created a tool that will help your facility obtain the data it needs to specify each condition, based on the documentation in the medical record. The UDSMR® Physician Query Forms are designed to help clarify conflicting, ambiguous, or incomplete documentation for a number of significant conditions that are common in rehabilitation settings.



Patient's name: _____
Birth date: _____
Patient ID: _____
Admission date: _____
Attending physician: _____

UDSMR® Physician Query Form: Anemia

Physician: _____

You have documented a condition of **anemia**. *Additional information is provided below.*

Queries's comments: _____

Queries's signature and credentials: _____ Date: _____ Time: _____

Based on the patient's pertinent current condition, test results, and current medication, as well as your clinical judgment, use the checkboxes below to specify the anemia, record your insights on the space provided, add comments if needed, and sign, date, and time the bottom of the form.

☐ Other hereditary anemia _____
☐ Spherocytosis ☐ Elliptocytosis ☐ Hemoglobinopathies ☐ Sickle cytosis
☐ Acquired hemolytic anemia
☐ Drug-induced autoimmune ☐ Drug-induced nonautoimmune (drug: _____) ☐ Other autoimmune
☐ Hemolytic uremic syndrome ☐ Other nonautoimmune ☐ Paroxysmal nocturnal hemoglobinuria
☐ Hemoglobinuria due to hemolysis from external causes ☐ Other (specify: _____)
☐ Acquired pure red cell aplasia (erythroblastopenia)
☐ Chronic ☐ Transient ☐ Other (specify: _____)
☐ Other aplastic anemias and other bone marrow failure syndromes
☐ Constitutional (pure) red blood cell aplastic ☐ Other constitutional aplastic
☐ Drug-induced aplastic anemia (drug: _____) ☐ Due to other external agent (toxic) (agent: _____)
☐ Idiopathic aplastic anemia
☐ Other specified aplastic anemias and other bone marrow failure syndromes
☐ Pancytopenia ☐ Antineoplastic chemotherapy-induced pancytopenia
☐ Other drug-induced pancytopenia (drug: _____) ☐ Other pancytopenia ☐ Myelophthisis
☐ Acute posthemorrhagic anemia
☐ Anemia in chronic disease _____ ☐ In neoplastic disease ☐ In chronic kidney disease ☐ Other
☐ Other anemia _____
☐ Hereditary sideroblastic ☐ Secondary sideroblastic due to disease
☐ Secondary sideroblastic due to drugs/toxins (drug/toxin: _____) ☐ Other sideroblastic _____
☐ Congenital dyserythropoietic
☐ Other anemia due to antineoplastic chemotherapy _____
☐ Other (specify: _____)

Physician's comments: _____

Physician's signature: _____ Date: _____ Time: _____

Name: _____ Phone: _____

Title: _____ Fax: _____

Facility/organization: _____ UDSMR facility code: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Item	Quantity		Subscriber	Nonsubscriber	Price
UDSMR® Physician Query Forms (standard PDF version)		x	$149.00	$249.00	
UDSMR® Physician Query Forms (customizable Word version)		x	$249.00	$349.00	
These items will be provided electronically by posting to the individual facility's section of the UDSPRO Central™ website. You will be notified of the location. (Nonsubscribers will receive these items via e-mail.) Please allow 3–5 business days for delivery. Prices are subject to change without notice.				**Total:**	

Payment Information

Fax this form to UDSMR to 716-568-0037 or send it via postal mail to UDSMR (attn. SCS).

Select your payment method: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ Check

Credit card number: _____ Expiration date: _____ CID # (last 3 digits on back of card): _____

Name as it appears on card: _____

Signature: _____

Billing address of cardholder (required): ☐ Check box if address is the same as above

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Credit card orders will be charged to "UB Foundation Activities Online." Make checks payable to *UB Foundation Activities Inc/UDSMR*. Purchase orders will not be accepted. Full payment in U.S. funds required prior to product shipment. Allow 5–7 business days for delivery. For payment questions, please contact our accounting department at 716-817-7801. For all other questions, please contact our client services department at 716-817-7872.