

Based on your professional medical judgement and review of the clinical indicators listed below, can this diagnosis be further specified and/or can an associated diagnosis be documented? Please complete by selecting one of the options below.

- COVID-19 with respiratory manifestations* _____
- COVID-19 with pneumonia (please specify type) _____
- COVID-19 with GI manifestations* _____
- COVID-19 with other manifestations * _____
- COVID-19 with _____
- Other explanation of clinical findings* _____
- Unable to determine
- No further clarification needed

Statement of Issue: (Reason for the query; please include date and location of documentation): _____

Signs and Symptoms: (check all that apply)

- Lethargy:** _____
- Respiratory distress/failure:** _____
- Weight loss: ** _____
- Fever:** _____
- Vomiting:** _____
- Diarrhea:** _____
- Cough:** _____
- Sore throat:** _____
- Loss of taste:** _____
- Loss of smell:** _____
- Other:** _____

*Please specify.

**Specify where documentation is found.

***Specify the other sign and symptom and where it is in the medical record.

Risk Factors: (check all that apply)

- Diabetes:** _____
- Hypertension:** _____
- Asthma:** _____
- COPD:** _____
- Immunocompromised:** _____
- Tobacco use:** _____
- Recent travel:** _____
- Other:** _____

Treatment: (check all that apply)

- Bowel Rest:** _____
- Oxygen:** _____
- IV fluids:** _____
- IV antibiotics:** _____
- Isolation:** _____
- Quarantine:** _____
- Sepsis work-up:** _____
- Other: *** _____

Other: (specify any other documentation related to COVID-19 and this query) _____

***Specify where documentation is found.*

****Specify the other sign and symptom and where it is in the medical record.*