|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES** **Health Resources and Services Administration Electronic Heath Records (EHR)** | **FOR HRSA USE ONLY** |
| Application Tracking Number |  | Grant Number |  |
| **Electronic Health Records (EHR)** |
| 1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?
 |
| **[\_]** Yes, all electronic**[\_]** Yes, part paper and part electronic **[\_]** No or Don’t know |
| 1. Is the EHR system certified by the U.S. Department of Health and Human Resources?
 |
|  **[\_]** Yes **[\_]** No **[\_]** N/A  |
| 1. Which of your clinical programs use an electronic system? Of the clinical programs with an electronic system, indicate each program that is integrated within your health center’s EHR.
 |
|

|  |  |  |
| --- | --- | --- |
| Clinical Program | Electronic System? (Check if system present) | Integrated into EHR?(Check if integrated into EHR) |
| Medical | **[\_]** | **[\_]** |
| Oral/Dental | **[\_]** | **[\_]** |
| Mental health and Substance Abuse | **[\_]** | **[\_]** |
| Pharmacy | **[\_]** | **[\_]** |
| ePrescribing | **[\_]** | **[\_]** |
| Lab | **[\_]** | **[\_]** |
| X-Ray | **[\_]** | **[\_]** |
| Other: | **[\_]** | **[\_]** |
| Other: | **[\_]** | **[\_]** |
| Other: | **[\_]** | **[\_]** |

 |
| 1. Are there any plans for installing a new EHR system or replacing the current system?
 |
| **[\_]** Install a new EHR within 12 months**[\_]** Install a new EHR within 13-16 months **[\_]** Not install an EHR  **[\_]** Unknown |
|  |