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| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Electronic Health 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)? | | | |
| <input type="checkbox"/> Yes, all electronic <input type="checkbox"/> Yes, part paper and part electronic <input type="checkbox"/> No or Don't know | | | |
| 2. Is the EHR system certified by the U.S. Department of Health and Human Resources? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 3. 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Oral/Dental | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mental health and Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | |
| ePrescribing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lab | <input type="checkbox"/> | <input type="checkbox"/> | |
| X-Ray | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Are there any plans for installing a new EHR system or replacing the current system? | | | |
| <input type="checkbox"/> Install a new EHR within 12 months <input type="checkbox"/> Install a new EHR within 13-16 months <input type="checkbox"/> Not install an EHR <input type="checkbox"/> Unknown | | | |
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