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| **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 | | | | |
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