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| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><br><b>Health Resources and Services Administration</b><br><br><b>Electronic Health Records (EHR)</b>  | <b>FOR HRSA USE ONLY</b>                        |  |              |
|  | Application Tracking Number                     |  | Grant Number |
| <b>Electronic Health Records (EHR)</b>   |   |  |              |
| 1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?  |   |  |              |
| <input type="checkbox"/> Yes, all electronic<br><input type="checkbox"/> Yes, part paper and part electronic<br><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?<br>(Check if system present) | Integrated into EHR?<br>(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<br><input type="checkbox"/> Install a new EHR within 13-16 months<br><input type="checkbox"/> Not install an EHR<br><input type="checkbox"/> Unknown |   |  |              |
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