

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <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 <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			