

Meaningful Use Patient Questionnaire

Northeast Radiology needs to ask you additional questions in order to comply with new Federal regulations, but these questions are asked to help enhance the quality, coordination and safety of your care among all your medical providers, now and in the future. We are enhancing our electronic health record (EHR) system in order to achieve these worthy goals and to provide you, your referring physician, and your other medical providers (when requested) with your timely radiology reports in a secure and confidential fashion. The Federal government will only receive summary reports of all patient totals, not your specific answers which remain private.

Name: _____ **DOB:** ____/____/____

Ethnic Group: ____Hispanic or Latino ____Not Hispanic or Latino ____Refuse to answer

Race: ____Asian ____Black or African American ____American Indian/Alaska Native ____White
____Hawaiian or Pacific Islander _____Other ____Refuse to answer

Primary Language: ____English ____Spanish ____Portuguese ____Cantonese ____Mandarin ____Japanese
____Korean ____Russian ____Hebrew ____ Italian _____Other

Please list all medications you are taking with dosages:

<u>Medication</u>	<u>Dosage</u>	<u>Don't Know</u>	<u>Medication</u>	<u>Dosage</u>	<u>Don't Know</u>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>

Please list all medical allergies and reactions:

Please select from the following:

____Current every day smoker ____Current some day smoker ____Never a smoker ____Former smoker
____Unknown ____Refuse to answer

Within this year...

Have you had a Mammogram to screen for breast cancer? ____yes ____no
Have you had a Colorectal screening for cancer? ____yes ____no
Have you received a Flu vaccine between Sept 2013 and Feb 2014? ____yes ____no
Have you received a Pneumococcal (pneumonia) vaccine? ____yes ____no

Signature: _____

Date: ____/____/____

The information requested above is in compliance with the American Recovery & Reinvestment Act of 2009 (ARRA) towards Meaningful Use, and is voluntary, not mandatory. Thank you!