

Meaningful Use Questionnaire

We would like to thank you for taking the time to complete this short questionnaire. We apologize for any inconvenience. Due to recent government initiatives to promote the use of an electronic health record, and in compliance with Meaningful Use, the reporting of the patient's racial background, ethnicity, and preferred language, is now a requirement. Please complete the following information regarding the patient that is being seen today.

If you are uncomfortable answering the questions, you may indicate, "Refuse to Report".

Patient Name: _____ DOB: _____

Email: _____

Primary Care Physician: _____

Preferred Pharmacy/Address (i.e. Kroger - Grand River @ Beck Rd.) _____

Whenever possible, we will be using electronic prescribing which allows us to view the external history of your prescriptions. **Do You Approve (required)?** Yes No

Does the patient have an Advanced Directive? If yes, please explain. No Yes _____

Please check the box next to the answer that best describes each category:

Race:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Hispanic
- Other Race
- Unreported/Refused to Report

Preferred Language:

- English
- Indian (includes Hindi & Tamil)
- Spanish
- Russian
- Other: _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Refused to Report

Patient /Guardian Signature: _____ Date: _____