Meaningful Use Patient Questionnaire

Patient Name_____ Date of Birth_____ Date_____ _____

In an effort to improve the quality of care our patients receive, Diagnostic Radiology Associates (DRA) has implemented an electronic health record and is participating in the Meaningful Use Initiative. The data we are collecting below will help DRA efficiently and safely care for you, reduce health disparities, and improve care coordination between DRA, your primary care physician and local hospitals. Please take a moment to answer the following very important questions regarding you and your overall healthcare. Thank you for choosing DRA.

Please circle your ethnic background: Hispanic/Latino | Not Hispanic/ Latino
What is your preferred language? **_____**
Please circle your race:

American Indian or Alaska Native
Asian or Asian American
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other_____
No response

Smoking Status: Current every day | Current some day smoker | Former | Never | Unknown

What is your current Height? _____ Weight? _____

Adults aged 50 years and older: Did you have a flu shot during the flu season? Yes No

Please list your Past Medical History (Diabetes, high blood pressure, high cholesterol, heart issues etc.)

_____

_____

Please list all medications with dosage taken on a routine basis
_____ I am not currently taking any medication

Medication AND Dosage	Medication AND Dosage	Medication AND Dosage

Are you allergic to any medications? Yes No
If yes, please list the medication then the reaction you had for example: rash, hives, itching, throat swelling low blood pressure, etc

Medication	Reaction

I am aware that within three business days I can request an electronic copy of my images and report by asking DRA for a CD ROM. In addition, by completing the "Authorization to Access Patient Portal" form I am requesting access to MyDRAPortal.com where I can view my radiology report 96 hours from now, download and transmit my clinical health information online.

Do you want access to your Radiology Report Online? YES | NO

If Yes please complete and sign "Authorization to Access Patient Portal" form.

Patient/Guardian Signature_____

Receptionist and Technologist initials _____ **rev 4/10/2017**