



MRN# _____

Meaningful Use Questionnaire

Meaningful Use is a federally mandated government program. The initiative is aimed at making it easier for physicians to share information and improve the overall healthcare experience for patients. As part of this initiative, El Portal Imaging is required to gather information for compliance with the Meaningful Use guidelines. All information supplied becomes part of your Electronic Health Record (HER) with El Portal Imaging. Certain questions can be declined and choices are limited to those that are standardized by national healthcare agencies. If you have additional questions please visit the Office of the National Coordinator for Health Information Technology at www.healthit.hhs.gov and search Meaningful Use.

Please complete any fields that are blank.

Patient Name: _____ **Date of Birth:** _____ **Gender:** _____

Preferred Language _____ **E-mail** _____

Height: ___ Feet ___ Inches

Weight: _____ Pounds

Ethnicity ___ Hispanic or Latino
 ___ Not Hispanic or Latino
 ___ Preferred not to answer

Race ___ American Indian or Alaskan Native
 ___ Asian
 ___ Black or African American
 ___ Hispanic
 ___ Native Hawaiian or other Pacific
 ___ White
 ___ Preferred not to answer

Please identify your tobacco smoking status

___ Current, every day smoker
___ Current, some day smoker
___ Former smoker
___ Never smoker
___ Preferred not to answer

Signature or (Relationship if other than patient)

Date