



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