



Meaningful Use Questionnaire

Last Updated by: Aimie Redding

Personal Information

Patient Name: _____

MRN: _____

Height: _____

Weight: _____

Please check the appropriate answer:

Gender: Female Male

Race: White Asian American Indian/Alaska Native

Black or African American Hawaiian/Pacific Islander

Declined to answer

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Declined to answer

Preferred Language: English Spanish French Russian

Japanese Hebrew German

Smoking Status (for those age 13 and older): Never Smoked Declined

Every day smoker Some day smoker Former smoker

Medical History

Medications

Do you take any of these prescribed medications?

None I take medications, but do not have the doses

Metformin Dosage: _____ Aspirin Dosage: _____

Coumadin (Warfarin) Dosage: _____ Cytomel (Liothyronine) Dosage: _____

Amiodarone Dosage: _____ PTU (Propylthiouracil) Dosage: _____

Heparin Dosage: _____ Lugol's solution (Iodine) Dosage: _____

Tapazole Dosage: _____ Methimazole Dosage: _____

Synthroid Dosage: _____ Thyroxine Dosage: _____

Levoxyl Dosage: _____ Levothyroxine Dosage: _____



Allergies

Do you have any of these known allergies?

None

- Betadine Please list reaction, if any: _____
- Lidocaine Please list reaction, if any: _____
- Adhesive tape Please list reaction, if any: _____
- Iodine Please list reaction, if any: _____
- Penicillin Please list reaction, if any: _____

Medical Conditions

Do you have any of these known medical conditions?

None

- Hypertension (High Blood Pressure) Diabetes Type I Diabetes Type II
- Renal (Kidney) Disease Asthma Reaction to Latex

Patient or Legal Guardian Signature

Date

Relationship to Patient