

Zbigniew Moszczynski, M.D., F.A.C.S.

MEANINGFUL USE DATA COLLECTION

Zbigniew Moszczynski, M.D. utilizes an Electronic Health Record (EHR). We are required to collect specific data points from our patients to demonstrate to the Centers of Medicare and Medicaid (CMS) comprehensive EHR usage. Please complete this form to the best of your ability. Thank you.

Patient Name: _____ Date of Birth: _____

Gender: Male Female Age: _____ SSN: _____

Has your insurance changed? No Yes Has your address changed? No Yes

Preferred Language: _____

Race: White Black or African American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Asian Decline to answer

Ethnicity: Hispanic Origin Non-Hispanic Origin Decline to answer

Height: _____ Weight: _____

Patient Social History

Marital Status Single Married Separated Divorced Widowed

Use of Alcohol Never Rarely Moderate Daily

Smoking Status Never Previously, but quit: _____ Current, packs/day: _____

Use of drugs Never Type/Frequency: _____

Excessive exposure to: Fumes Dust Solvents Airborne particles Noise

Family Medical History

	Age	Diseases	If deceased, cause of death
Father			
Mother			
Siblings			
Children			
Spouse			

AUTHORIZATION & RELEASE

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor's office of any changes in my medical status. I also authorize the healthcare staff to perform the necessary services I may need.

Signature of Patient (or parent/guardian if minor)

Date