FirstVitals: CPC+ EMR Information Questionnaire

Practice Details

Practice Name	
Practice Address	
Contact Person	
Contact Number	
No. of Providers	

EMR Details

Do you have an EMR?	Yes ☐	No ☐	
If Yes, Which EMR? **Name**:		**Version**:	
Does your EMR generate CCDA?	Yes ☐	No ☐	Don't Know ☐
If yes, do you know how to generate CCDA?	Yes ☐	No ☐	

If yes, generate a sample and verify if it has the following sections?

Section	**Yes**	**No**
Patient Information		
Payer Information		
Encounters		
Problems		
Medications		
Procedure		
Results		
Allergy		
Immunization		
Social History		
Family History		
Vital Signs		
Medical Equipment		
Assessment		
Plan of Care Observation		
Plan of Care Procedure		