

Oakland Southfield Physicians: Practice Technology Assessment Questionnaire

Directions: Please complete the questions below. This will assist us in customizing technology support specific to your office needs. Once complete please fax back to Oakland Southfield Physicians at (248) 357-2049. If you have any questions call us at (248) 357-4048.

1. Do you currently use a practice management system (PMS)? Yes or No
If yes, name the system: _____
If yes, do you load and maintain patient demographic data? Yes or No
2. Is scheduling managed electronically within your PMS? Yes or No
If yes, are patient visit encounters/router forms automated? Yes or No
3. Does the PMS have a patient ID or number system? Yes or No
4. What billing software do you use: _____
5. What billing clearing house do you use: _____
6. Do you have an electronic medical record (EMR)? Yes or No
If yes, name the system: _____
If yes, do you use a preventive care/disease management registry? Yes or No
7. Do you use electronic prescribing? Yes or No
If yes, name the system: _____
If no, are you interested in this technology for your practice? Yes or No
8. Do you have an internet connection? Yes or No
If yes, what type (ie: dial-up, dsl, cable): _____
If yes, do you have a wireless connection? Yes or No
9. How many computers do you have in these areas?
✓Reception station _____ ✓Billing office _____ ✓Office manager _____
✓Physician office _____ ✓Exam room(s) _____
✓Other (explain): _____
10. What operating system to you use (ie: Windows 2000, Windows XP, MAC OSX)?

11. What internet browser do you use (ie: Internet Explorer, Mozilla)? _____
12. How would you rate your office's comfort with computer technology (check one):
___ Very comfortable ___ Somewhat comfortable ___ Not comfortable

PHYSICIAN NAME: _____ EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

QUESTIONNAIRE COMPLETED BY: _____ DATE: _____