

Al Farooq Medical Clinic (EHR)

Assalamu Alaikum, my name is Rameez Raoof and I am the lead administrator of the Al Farooq Medical clinic which is a clinic that runs every Sunday from 12-2pm. This clinic primarily caters towards a low socioeconomic class who usually cannot afford healthcare. We offer a wide variety of services such as prescriptions, blood pressure checking, in house medications, and lab blood testing through our partner LabCorp.

For the last 20 years the clinic has stored patient records via a paper intake form as well as an additional supplementary form which extinguishes the clinic and its employees' liability.

This is what the form looks like. This form is completed by a patient every single time they visit the clinic.



In the name of Allah, the Most Gracious and Most Merciful

Al-Farooq Masjid Free Health Clinic

404-815-0894 | www.alFarooqFreeClinic.com

Fill out form below and sign:

Date: Name: Last First

Age: Date of Birth: Sex: Phone:

List any known past medical and/or surgical history:

Disclaimer

I certify that I am aware the Al-Farooq Masjid and the attending physicians are providing a free service to the community on a voluntary basis. I also agree not to hold Al-Farooq Masjid or the volunteer physician liable for any treatment, disease, complications, or diagnostic testing done or declared at the free clinic.

Patient Signature: Date:

Current Problems:

DO NOT WRITE BELOW THIS LINE


Physician Notes:

Ht: <input type="text"/> Wt: <input type="text"/>	HPI: <input type="text"/>
Temp: <input type="text"/>	<input type="text"/>
Pulse: <input type="text"/>	<input type="text"/>
BP: <input type="text"/> / <input type="text"/>	Assessment: <input type="text"/>
Manual: <input type="text"/> / <input type="text"/>	<input type="text"/>
Sugar: <input type="text"/>	<input type="text"/>
Notes: <input type="text"/>	<input type="text"/>
Physician Exam: <input type="text"/>	<input type="text"/>
HEENT: <input type="text"/>	<input type="text"/>
Neck: <input type="text"/>	Plan: <input type="text"/>
CVS: <input type="text"/>	<input type="text"/>
Lungs: <input type="text"/>	<input type="text"/>
Abdomen: <input type="text"/>	<input type="text"/>
Extrm: <input type="text"/>	<input type="text"/>
Neuro: <input type="text"/>	<input type="text"/>
Notes: <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Return of clinic date:

Physician Signature: M.D. Date:

Additionally, there is another form which looks like this.



Georgia Department of Public Health
Georgia Volunteer Health Care Program (GVHCP)
Patient Financial Eligibility Form



Clinic/Program/Provider: Al-Farooq Masjid of Atlanta, Inc. d/b/a Al-Farooq Masjid (AFM) Clinic

SECTION I – PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____

(Last Name) (First Name) (Middle Initial) (Nickname or Preferred Name)

Address: *Confirm at each visit _____

(Street) (City/State) (Zip Code) (County)

Telephone Number: * _____ Secondary Telephone Number: * _____

Date of Birth: _____ Sex: ☐ Male ☐ Female Race/Ethnicity: _____

SECTION II – INSURANCE INFORMATION/FINANCIAL ELIGIBILITY

Do you have insurance that covers? * ☐ Health ☐ Vision ☐ Dental ☐ No Insurance

If you have insurance, what services/specialty does your insurance exclude? _____

Do you currently have Georgia Medicaid? * ☐ Yes ☐ No Medicare Part B? * ☐ Yes ☐ No

I am: * ☐ Uninsured (No insurance) ☐ Underinsured (Do not have coverage for services being sought)

Your income must be at or below 200% of the Federal Poverty Level to be eligible to receive services under the GVHCP.

Please provide the number of dependents in your household (include self/spouse): * _____

Please provide gross family monthly income from all sources: * \$ _____

SECTION III – LEGAL ACKNOWLEDGEMENTS

I understand that I am being referred to a volunteer health care provider who will provide care to me or to someone for whom I am legally responsible. My participation in this referral process is voluntary. The care I receive from the volunteer health care professional will be provided at no charge. I understand that the Volunteer is acting as an employee of the State of Georgia by treating me pursuant to the "Georgia Volunteer Health Care Program." I acknowledge that the exclusive remedy for any injury or damage suffered as a result of any act or omission of a health care provider acting within the scope of duties pursuant to that Program is a lawsuit under the State Tort Claims Act, O.C.G.A. § 50-21-20 *et seq.*

The information I have provided regarding my eligibility, including income information, is true and complete to the best of my knowledge. I understand that any failure to update this information to the Department upon change in my financial or health insurance status may disqualify me from receiving health or dental care under the GVHCP. I further understand that making false statements or representations on this form may be punishable under O.C.G.A. Section 16-10-20 by a fine of not more than \$1,000 or by imprisonment for not less than one or more than five years, or both.

Signature of Patient/Parent or Guardian	Printed Name of Person Signing	Relationship to Minor (If applicable)
Signature of Eligibility Specialist	Printed Name of Eligibility Specialist	Date

GVHCP Patient Eligibility Form 3.7.18
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I wanted to propose a workflow for an Electronic Health Records system that will allow for the following functionality

There will be 3 profile archetypes on the EHR.

1. The first profile will be a general volunteer's login. They will add the patient to the queue of patients the doctor will be seeing for that day. Additionally when the first name, last name, and date of birth of the patient is added the database will be searched for a close match. Due to our populace often not being literate, we cannot fully trust their first and last names being an exact match. It will check if there is a match that is 90% close to the given search.
 - a. If the patient hasn't come to the clinic before, a new profile for the patient will be established which will include their name, date of birth, age, gender, previous

medical history, and phone number (if applicable). After this a profile for us to modify will be established.

After the profile is pulled from the database or just newly created they will then have a new visit added to their profile for the day.

2. The second profile will be for the doctors. This doctor will have a queue of patients that will be updated as each patient is checked in. When the patient comes to them they will be able to open each patient, see their past visits, medical history, information, and everything. The doctor has to have a functionality where they can add notes to the patients current day form with an ipad and pen.
3. The third profile will be for the clinic administrator, which is currently me. The clinic administrator will be able to view the total database of patients (rather than having to search each time), view long term trends, and have access to the backend to add new volunteers and add new doctors to the system.

This EHR system needs to be server hosted and built in a way that someone without a CS background in the future will be able to maintain it. I will only be working here for another 1.5 years. After that the next lead volunteer is very unlikely to have a computer science background and there may be a loss of function.