

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

<b>1. Name and Address of Reporting Person*</b> AMREIN JEFF <hr/> (Last) (First) (Middle) 1302 CLEAR SPRINGS TRACE <hr/> (Street) LOUISVILLE KY 40223 <hr/> (City) (State) (Zip)	<b>2. Date of Event Requiring Statement (Month/Day/Year)</b> 10/17/2003	<b>3. Issuer Name and Ticker or Trading Symbol</b> ALLSCRIPTS HEALTHCARE SOLUTIONS INC [MDRX]	
		<b>4. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) Director 10% Owner Officer (give title below) X Other (specify below) Executive Vice President	<b>5. If Amendment, Date of Original Filed (Month/Day/Year)</b>  <b>6. Individual or Joint/Group Filing (Check Applicable Line)</b> X Form filed by One Reporting Person Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

**Table II - Derivative Securities Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares <sup>M</sup>			
Stock Option <sup>(1)</sup>	<sup>(2)</sup> 08/01/2013	08/01/2013	Common Stock	148,348	\$ 0.29	D	
Stock Option <sup>(3)</sup>	<sup>(4)</sup> 08/01/2013	08/01/2013	Common Stock	129,446	\$ 2.77	D	
Stock Option <sup>(3)</sup>	<sup>(5)</sup> 08/01/2013	08/01/2013	Common Stock	100,000	\$ 2.77	D	

**Explanation of Responses:**

1. Granted under Advanced Imaging Concepts, Inc. 2000 Stock Plan.
2. Vests as to 100% at grant date.
3. Granted under the Allscripts Healthcare Solutions, Inc. 2001 Nonstatutory Stock Option Plan.
4. Vests as to 50% on each of August 1, 2004 and August 1, 2005.
5. Vests as to 25% on each of August 1, 2004, 2005, 2006 and 2007.

Kathie Kittner, by power of attorney      10/17/2003

\*\* Signature of Reporting Person      Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**

**LIMITED POWER OF ATTORNEY**

The undersigned hereby appoints James Murphy, Kathie Kittner and William Davis as his/her attorney-in-fact to act for him/her and in his/her name solely to do all or any of the following:

1. To execute and file with the Securities and Exchange Commission all statements regarding his/her beneficial ownership of securities of Allscripts Healthcare Solutions, Inc. filed pursuant to Section 16(a) of the Securities Exchange Act of 1934;
2. To execute all necessary instruments to carry out and perform any of the powers stated above, and to do any other acts requisite to carrying out such powers.

Neither the above mentioned nor any attorney-in-fact substituted under this power shall incur any liability to the undersigned for acting or refraining from acting under this power, except for such attorney's own willful misconduct or gross negligence.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Power of Attorney.

This Power of Attorney is governed by Illinois law.

This Power of Attorney shall terminate upon receipt by any of the above mentioned from the undersigned of a written notice of revocation of this Power of Attorney. The undersigned shall have the right to revoke this Power of Attorney at any time.

***IN WITNESS WHEREOF***, the undersigned has executed this Power of Attorney this 17th day of September, 2003.

By: /s/ Jeffrey Amrein

Jeffrey Amrein