BCDE103 Design Assignment1 Data Dictionary

|  |  |
| --- | --- |
| Key Colours | Description |
|  | Primary Key |
|  | Foreign Key |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity Name** | **Attribute Name** | **Data Type** | **Length** | Key  **(P/F)** | **Table Name of Foreign Key** | **Constraints** | **Description** |
| **Referrer** | staffID | INT |  | P |  | Primary Key | Unique Identifier for Referrer |
|  | referredFrom | DATE |  |  |  | Not null | Date Referred |
|  | firstName | VARCHAR | 20 |  |  | Not null | First name of Referrer |
|  | lastName | VARCHAR | 20 |  |  | Not null | last name of Referrer |
|  |  |  |  |  |  |  |  |
| **Patient** | patientNumber | INT |  | P |  | Primary Key | Unique Identifier for Patient |
|  | NHI | VARCHAR | 20 |  |  | Not null | National Health Index |
|  | firstName | VARCHAR | 20 |  |  | Not null | First name of Patient |
|  | lastName | VARCHAR | 20 |  |  | Not null | last name of Patient |
|  | DOB | DATE |  |  |  | Not null | Date of Birth |
|  | Gender | CHAR | 1 |  |  | Not null | Gender Identity: M=male F=female |
|  |  |  |  |  |  |  |  |
| **Surgeon** | staffID | INT |  | P |  | Primary Key | Unique Identifier for Surgeon |
|  | department | VARCHAR | 20 |  |  | Not null | Department Surgeon belongs to |
|  | firstName | VARCHAR | 20 |  |  | Not null | First name of Surgeon |
|  | lastName | VARCHAR | 20 |  |  | Not null | last name of Surgeon |
|  |  |  |  |  |  |  |  |
| **Referral** | referralCode | INT |  | P |  | Primary Key | Unique Identifier for Referral |
|  | referrerCode | INT |  | F | Referrer | Foreign Key | Referrer the referral came from |
|  | patientNumber | INT |  | F | Patient | Foreign Key | Patient of this Referral |
|  | surgeon | INT |  | F | Surgeon | Foreign Key | Surgeon of this Referral |
|  | refDate | DATE |  |  |  | Not Null | Date of referral |
|  | waitlistDate | DATE |  |  |  | Not Null | Date added to the waitlist |
|  | HTE | VARCHAR(3) |  |  |  | Not Null | Health Target Eligibility confirmation |
|  | FSADate | DATE |  |  |  | Not Null | First Specialist Appointment Date |