**Data Dictionary**

**Patients**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| PatientID | Yes | Auto-number | 8 | Primary Key |
| LastName | Yes | Text | 25 | - |
| FirstName | Yes | Text | 25 | - |
| StreetAddress | Yes | Text | 50 | - |
| Suburb | Yes | Text | 20 | - |
| City | Yes | Text | 20 | - |
| EmailAddress | Yes | Text | 30 | - |
| PhoneNumber | No | Text | 15 | - |
| InsuranceCode | Yes | Text | 7 | valid, invalid |

**Admissions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| AdmissionID | Yes | Auto-number | 8 | Primary Key |
| Description | Yes | Text | 30 | - |
| AdmissionDate | Yes | Text | 50 | - |
| Status | Yes | Text | 20 | - |
| WardID | Yes | Foreign Key (WARD) | 20 | - |
| PatientID | Yes | Foreign Key (PATIENT) | 3 |  |

**Wards**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| WardID | Yes | Auto-number | 2 | Primary Key |
| WardName | Yes | Text | 30 | - |
| Location | Yes | Text | 10 | - |
| Capacity | Yes | Integer | 7 | 1 to 20 inclusive |

**Payments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| PaymentCode | Yes | Auto-number | 8 | Primary Key |
| AdmissionID | Yes | Foreign Key (ADMISSION) | 8 | - |
| Amount | Yes | Integer | 6 | - |
| Date | Yes | Date | 10 | Format: DD/MM/YYYY |

**Doctors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| DoctorID | Yes | Auto-number | 4 | Primary Key |
| LastName | Yes | Text | 30 | - |
| FirstName | Yes | Text | 30 | 5000.00-500000.00 inclusive |
| StreetAddress | Yes | Text | 50 | - |
| Suburb | Yes | Text | 20 | - |
| City | Yes | Text | 20 | - |
| Specialty | Yes | Text | 30 | - |
| PhoneNumber | No | Text | 15 | - |
| Salary | Yes | Integer | 6 | 20000.00-200000.00 inclusive |

**Prescriptions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Max Length** | **Range/List** |
| MedicationName | Yes | Auto-number | 2 | Primary Key |
| PrescriptionDate | Yes | Date | 10 | Format: DD/MM/YYYY |
| Amount | Yes | Integer | 3 | 1 to 150 inclusive |
| AdmissionID | Yes | Foreign Key (ADMISSION) | 8 | - |

**Medication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Max Length** | **Range/List** |
| MedicationID | Yes | Auto-number | 6 | Primary Key |
| MedicationName | Yes | Text | 30 | - |
| Cost | Yes | Integer | 6 | 0.50 to 9999.99 inclusive |

**Research Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| ResearchProjectID | Yes | Auto-number | 6 | Primary Key |
| Outcome | Yes | Text | 30 | - |
| EndDate | Yes | Date | 10 | Format: DD/MM/YYYY |
| Budget | Yes | Number | 7 | - |
| ResearchTopicID | Yes | Foreign Key (RESEARCHTOPICS) | 3 | - |
| DoctorID | Yes | Foreign Key (DOCTORS) | 4 | - |

**Research Topic**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Required** | **Data Type** | **Maximum Length** | **Range/List** |
| ResearchTopicID | Yes | Auto-Number | 3 | Primary Key |
| Description | Yes | Text | 30 | - |
| Level | Yes | Integer | 5 | - |