**Forms:**

+ Registration

+ Admission

+ Discharged

+ Transfer

+ Deceased

+ Appointment

**Form Attributes:**

**+ Registration**

* Prim. Keys
* Admitted date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport (Show as stars)
* Marital Status
* Language
* Ethnicity
* Religion
* Birth Place
* Email
* Home Address
* Health Issues (Not sure if it can be included since it’s a private factor)

**+ Admission**

* Admitted date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport
* Email
* Home Address
* Medical Aid (Yes/No)
* Admission Room
* Status (Admitted)

**+ Discharged**

* Admitted date
* Discharge date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport
* Home Address
* Medical Aid (Yes/No)
* Admission Room
* Status (Discharged)

**+ Transfer**

* Admitted date
* Transfer date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport
* Admission Room
* Medical Aid (Yes/No)
* Status (Transferred)
* Transferred To (Healthcare facility Name)

**+ Deceased**

* Admitted date
* Deceased date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport
* Home Address
* Medical Aid (Yes/No)
* Admission Room
* Status (Deceased)

**+ Appointments**

* Title
* Name
* Surname
* ID/Passport
* Email
* Home Address

**Healthcare facilitator form(s):**

* **Medical Records**

**+ Patient Healthcare log**

**+ Medical history chart**

**+ Laboratory report**

* + - **Immunization chart**
    - **Reports and results**

**+ Insurance record**

* + - **Medical Aid details**
    - **Medical Bills**

**+ Surgical history**

**+ Autopsy report**

**+ Patient Healthcare log**

* Physical (table 1)
  + Height
  + Weight
  + Blood Pressure
* Medical (table 2)
  + Conditions (rows)
    - Injuries
    - Surgeries
    - Current medication
    - Past medication
    - Chronic illness
    - Allergies
    - Seizures
    - Vaccinations
    - Asthma
    - Glasses or Contact Lens
    - Dizziness or Fainting
  + Results
    - Yes
    - No
  + Report
    - Date of report
    - Explanation
    - Additional comments

**+ Medical history chart (All attributes are columns)**

* Date
* Procedure
* Doctor
* Hospital
* Allergic reactions
* Prescription/Treatment
* Additional comment

**+ Laboratory report**

* **Immunization chart (All attributes are columns – table 1)**
  + Immunization
  + Type of vaccine
  + Date given
  + Age given
  + Manufacture
  + Lot number
  + Site given
  + Given by
  + Informed consent
  + Additional comment
* **Reports and results (table 2)**
  + Histology (row1)
    - Date taken
    - Doctor/Nurse
    - Additional comment
    - Document (uploaded)
    - Hospital
  + Cytology (row2)
    - Date taken
    - Doctor/Nurse
    - Additional comment
    - Document (uploaded)
    - Hospital
  + X-ray (row3)
    - Date taken
    - Doctor/Nurse
    - Additional comment
    - Document (uploaded)
    - Hospital
  + ECG (row4)
    - Date taken
    - Doctor/Nurse
    - Additional comment
    - Document (uploaded)
    - Hospital

**+ Insurance record**

* Medical Aid details (table 1)
  + Emergency contact
  + Company
  + Policy
  + Group ID
  + Address
  + Ref
  + Telephone
  + Fax
* Medical Bills (table2)
  + Date
  + Description
  + Medication
  + Doctor/Nurse
  + Hospital

**+ Surgical history (All attributes are columns)**

* Date of Procedure
* Surgeon
* Description/Procedure
* Rehabilitation
* Prescribed Medication
* Doctor/Nurse
* Hospital
* Additional comment

**+ Autopsy report (All attributes are columns)**

* Decedent
* DOD (Date of Death)
* DOA (Date of Autopsy)
* Age
* Sex
* Anatomic diagnosis
* Toxicology
* Medical Intervention/Examination
* Reason of Death
* Doctor/Nurse
* Hospital
* Additional Comment