**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
* Next of kin (contact details)
* 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)
* Next of kin
* Admission Room
* Status (Admitted)

**+ Discharged**

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

**+ Transfer**

* Admitted date
* Transfer date
* Title
* Name(s)
* Surname
* Gender
* ID/Passport
* Admission Room
* Medical Aid (Yes/No)
* Next of kin
* 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)
* Next of kin

**+ Appointments**

* Title
* Name
* Surname
* ID/Passport
* Email
* Contact details
* Next of kin
* Home Address