| TABLE                    | OPENNING FORM | To be filled before interview |  |
|--------------------------|---------------|-------------------------------|--|
|                          |               | by patient on referal         |  |
| Key                      | Q_id          | Automatic Number              |  |
| User_id                  | User_id       | Looked up & hidden            |  |
| date                     | date          | Timestamp automatic           |  |
| dob                      | Date of birth | Must be over 18               |  |
| Country of birth         | cob           | Text drop down                |  |
| Year of immigration      | yoi           | Apears if not israel          |  |
| Education time           | S_I           | text                          |  |
| Job                      | job           | Text                          |  |
| Family status            | fanmstat      | text                          |  |
| Known to police          | pr            | Boolian                       |  |
| Drugs apart from Hash    | drugs         | Boolian                       |  |
| Suicide attempts in past | sui           | Boolian                       |  |
| Hospitlised in past      | hx            | Boolian                       |  |
| Mood swimnsg             | Swings        | boolian                       |  |
|                          |               |                               |  |
| Family history           | Fx            | Boolian                       |  |
| Halucination inpast      | hal           | Boolian                       |  |
| Delusions in past        | Delx          | Boolian                       |  |
| Tramas in past           | trx           | Boolian                       |  |
| Treated in past          | treatx        | Boolian                       |  |
| Want treatment now       | trn           | Boolian                       |  |
| Referal to other         | Ref           | Boolian                       |  |
| Needs aCertificate       | Cerf          | Boolian                       |  |

| TABLE                        | EXAMINATION FORM             | To be filled at time of intake by |  |
|------------------------------|------------------------------|-----------------------------------|--|
|                              | From this the report is made | staff referring to table above    |  |
| Key                          | E-Id                         | Automatic number                  |  |
| User_id                      | User_id                      | To be filled automatically        |  |
| Therapists ID                | Tx_ID                        | To be filled automatically        |  |
| Date                         | Date                         | Timestamp automatic               |  |
| Family                       | Family                       | Text                              |  |
| Early years                  | Ey                           | Text                              |  |
| Education                    | Education                    | Text                              |  |
| Army – National service      | Army                         | Text                              |  |
| Illnesses or Traumas         | Trauma                       | Text                              |  |
| Abuses or Drugs or Police or | Drugs                        | Text                              |  |
| Suicide                      |                              |                                   |  |
| Previous treatments          | Prx                          | Text                              |  |
| Present complaint            | Now                          | Text                              |  |
| Expectations                 | Ex                           | Text                              |  |
| Trigger                      | Trig                         |                                   |  |
| apearance                    | Appear                       | Text                              |  |

| Cooper                    | coop   | Text |
|---------------------------|--------|------|
| Mood                      | Mood   | Text |
| Affect                    | Affect | Text |
| stability                 | stab   | Text |
| Speech coherence pace and | sp     | Text |
| tone                      |        |      |
| Thought process           | Тр     | Text |
| Thought Content           | Tc     | Text |
| Memory and orientation    | Mx     | text |
| Hallucinations            | Hx     | Text |
| Judgement                 | Jx     | Text |
|                           |        |      |
| Reality Testing           | rtX    | Text |
| Suicidal intent           | Sx     | Text |
| Insight                   | Ins    | Text |
| Social judgement          | Sj     | Text |
| Impulse control           | Ic     | Text |
| Recommendation            | Rs     | Text |
|                           |        |      |
|                           |        |      |
|                           |        |      |

| Add to roles table |  |  |
|--------------------|--|--|
| Admin              |  |  |
| GateKeeper         |  |  |
| Therapist          |  |  |
| Accompanier        |  |  |
| Nurse              |  |  |
|                    |  |  |
|                    |  |  |

Add some form built from the second table please