# Domain Requirements

The data in the domain requirements are adapted to the hospital chosen for the system. The database will be created according to the hospital records. We interviewed one of the hospital employee about a general idea of how the hospital works. For each department there are minimum seven to eight specialized doctors but there are departments where there can be ten or more depending on the workload of the department. The receptionist decides for the patients where to go and to which doctor in order that all the doctors have almost exact amount of work and so that none of them remain without patient. Even though remaining without patient is hard since there are minimum a hundred sick people that come every day and needs attention. Since the service will include the medical report for each patient and also the personal patient history report, we obtained information on the contents of these reports, and these are the format rules that we must abide to when creating the respective pages to fill out.

1. **Patient Medical Report**

The doctor will save this report online so these are the questions that it will include and the way it will work:

Name\_\_\_\_\_\_\_\_ Father’s Name\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_

Male Female

Statement of present health

Excellent Good

Fair Poor

Blood type (if known)\_\_\_\_\_\_\_\_\_\_\_

\*Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: All prescription, non-prescription, vitamins, home remedies etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dose (ex: mg) | How often? | Date medication started |
|  |  |  |  |
|  |  |  |  |

\*Family Health status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member | Current Disease | Health Status good, fair, poor | Date of Birth | Deceased | Cause of Death |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The ones with the star will be connected to each other. In the diagnosis part there will be two buttons that will indicate whether the disease is inheritable or not. If it is then the family health status will appear otherwise it won’t be needed.

1. **Personal patient medical history**

The registered patients will have their own space in the system where they can log in and check a brief summary of their medical reports so far. Only they have the right to see their reports. Here are what the report will include

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Chronic Conditions | Risk Factors | Allergies | Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication Records | | | | |
| Date | Medication | Appearance | Quantity | Start Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor Visits | | | | |
| Date | Diagnosis | Medication | Duration of Medication | Results |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

In the moment of registration, the receptionist will only take these data:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. of patient | Name | Father Name | Surname | Today’s Date | Reason of visit |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Then it will also take the phone number of the patient, email and an emergency.