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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LRCH DATABASE SYSTEM- DATA DICTIONARY** | | | | | | | | |
| **TABLE NAME** | **ATTRIBUTE NAME** | **CONTENTS** | **TYPE** | **FORMAT** | **RANGE** | **REQ’D** | **PK/FK** | **REFERENCING TABLE** |
| **FINANCIAL\_STATUS** | FINANCIAL\_ID | Financial id | INT | 999999 |  | Y | PK |  |
|  | FINANCIAL\_TYPE | Financial type | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| **PHYSICIAN** | PHYSICIAN \_NO | Physician number | INT | 9999 |  | Y | PK |  |
|  | PHYSICIAN\_FIRST\_NAME | Physician first name | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| PHYSICIAN\_LAST\_NAME | Physician last name | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| SPECIALTY | Physician specialty | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| PHYSICIAN\_PHONE | Physician phone | VARCHAR(15) | XXX-XXX-XXXX |  | Y |  |  |
| **PATIENT** | PATIENT\_NO | Patient number | INT | 99999 |  | Y | PK |  |
|  | PATIENT\_FIRST\_NAME | Patient last name. | VARCHAR (50) | Xxxxxxxx |  | Y |  |  |
| PATIENT\_LAST\_NAME | Patient first name. | VARCHAR (50) | Xxxxxxxx |  | Y |  |  |
| ADDRESS | Patient address | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| PHONE | Patient phone number | VARCHAR (15) | XXX-XXX-XXXX |  | Y |  |  |
| CITY\_PROV\_PC | City Province Postal Code | VARCHAR(100) | Xxxxxxxx |  | Y |  |  |
| SEX | Patient gender | CHAR(1) | “M” or “F” |  | Y |  |  |
| HCN | Health Card Number | VARCHAR(15) | XXX XXX XXX |  | Y |  |  |
| EXTENSION | Extension of the phone | VARCHAR(10) | Xxxxxxxx |  | N |  |  |
| LAST\_DISCHARGE\_DATE | Patient | DATE | YYYY-MM-DD |  | N |  |  |
| **PRESCRIPTION** | PRES\_ID | Prescription id | INT | 999999 |  | Y | PK |  |
|  | PHYSICIAN\_ NO | Physician id | INT | 999999 |  | Y | FK | PHYSICIAN |
| PATIENT\_ID | Patient id | INT | 999999 |  | Y | FK | PATIENT |
| PRES\_DATE | Prescription date | DATE | YYYY-MM-DD |  | Y |  |  |
| PRES\_MEDICATION | Prescription medication | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| PRES\_DOSAGE | Prescription dosage | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| **ROOM** | ROOM\_NUMBER | Room number | INT | 999999 |  | Y | PK |  |
|  | ROOM\_TYPE | Room type | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| ROOM\_ EXTENESION | Room | VARCHAR(10) | Xxxxxxxx |  | Y |  |  |
| **BED** | BED\_ID | Bed | INT | 999999 |  | Y | PK |  |
|  | ROOM\_NUMBER | Room | INT | 999999 |  | Y | FK | ROOM |
| BED\_NUMBER | Bed | CHAR (1) | A, B, C or D |  | Y |  |  |
| **COST\_CENTRE** | COST\_CENTRE\_ID | Cost centre id | INT | 999999 |  | Y | PK |  |
|  | DESCRIPTION | Description | VARCHAR (50) | Xxxxxxxx |  | Y |  |  |
| **ADMISSION** | ADMISSION\_ID | Admission id | INT | 999999 |  | Y | PK |  |
|  | PATIENT\_NO | Patient id | INT | 999999 |  | Y | FK | PATIENT |
| BED\_ID | Bed id | INT | 99999 |  | Y | FK | BED |
| ADMISSION\_DATE | Admission date | DATE | YYYY-MM-DD |  | Y |  |  |
| DISCHARGE\_DATE | Discharge date | DATE | YYYY-MM-DD |  | Y |  |  |
| APPOINTMENT | Appointment | BIT | 0 or 1 |  |  |  |  |
| NOTE | Note from doctor | VARCHAR(200) |  |  |  |  |  |
| **ITEM** | ITEM\_CODE | Item code | INT | 999999 |  | Y | PK |  |
|  | COST\_CENTRE\_ID | Const centre id | INT | 999999 |  | Y | FK | COST\_CENTRE |
| COST | Item cost | SMALLMONEY | 99999.99 |  | Y |  |  |
| **BILL** | BILL\_ID | Bill id | INT | 999999 |  | Y | PK |  |
|  | ADMISSION\_ID | Admission id | INT | 999999 |  | Y | FK | ADMISSION |
| BILL\_DATE | Bill date | DATE | YYYY-MM-DD |  | Y |  |  |
| **CHARGE\_ITEM** | ITEM\_ID | Item id | INT | 999999 |  | Y | PK |  |
|  | ITEM\_CODE | Item code | INT | 999999 |  | Y | FK | ITEM |
| BILL\_ID | Bill id | INT | 999999 |  | Y | FK | BILL |
| FINANCIAL\_ID | Financial id | INT | 999999 |  | Y | FK | FINANCIAL |
| ADMISSION\_ID | Admission id | INT | 999999 |  | Y | FK | ADMISSION |
| DESCRIPTION | Description | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| QUANTITY | Item quantity | INT | 999999 |  | Y |  |  |
| UNIT\_PRICE | Unit price | SMALLMONEY | 99999.99 |  | Y |  |  |
|  | DATE | Charge item use date | DATE | YYYY-MM-DD |  | Y |  |  |
| **PAYMENT** | PAYMENT\_ID | Payment id | INT | 999999 |  | Y | PK |  |
|  | BILL\_ID | Bill id | INT | 999999 |  | Y | FK | BILL |
| PAYMENT\_DATE | Payment date | DATE | YYYY-MM-DD |  | Y |  |  |
| PAID\_AMOUNT | Amount paid | SMALLMONEY | 99999.99 |  | Y |  |  |
| **TEST** | TEST\_ID | Test id | INT | 999999 |  | Y | PK |  |
|  | PATIENT\_NO | Patient id | INT | 999999 |  | Y | FK | PATIENT |
| PHYSICIAN \_ NO | Physician id | INT | 999999 |  | Y | FK | PHYSICIAN |
| TEST\_DATE | Test date | DATE | YYYY-MM-DD |  | Y |  |  |
| TEST\_TYPE | Test type | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |
| RESULT | Test result | VARCHAR(50) | Xxxxxxxx |  | Y |  |  |