

Legend

Dataset Level: **N** National **S** State

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, and/or **C** = Correlation ID

eHistory

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|-------|-------------------------------------------------------------|----------|----------|----------|----------|----------|----------|
| 1 : M | eHistory.01 - Barriers to Patient Care | N | S | R | N | L | C |
| 0 : M | eHistory.PractitionerGroup | | | | | | C |
| 0 : 1 | eHistory.02 - Last Name of Patient's Practitioner | | | O | | | |
| 0 : 1 | eHistory.03 - First Name of Patient's Practitioner | | | O | | | |
| 0 : 1 | eHistory.04 - Middle Name/Initial of Patient's Practitioner | | | O | | | |
| 0 : M | eHistory.05 - Advance Directives | S | E | | N | L | C |
| 0 : M | eHistory.06 - Medication Allergies | S | E | | N | L | P |
| 0 : M | eHistory.07 - Environmental/Food Allergies | | | O | | C | |
| 0 : M | eHistory.08 - Medical/Surgical History | S | E | | N | L | P |
| 0 : M | eHistory.09 - Medical History Obtained From | | | O | | C | |
| 0 : M | eHistory.ImmunizationsGroup | | | | | | C |
| 0 : 1 | eHistory.10 - The Patient's Type of Immunization | | | O | | | |
| 0 : 1 | eHistory.11 - Immunization Date | | | O | | | |
| 0 : M | eHistory.CurrentMedsGroup | | | | | | C |
| 0 : 1 | eHistory.12 - Current Medications | S | E | | N | L | P |
| 0 : 1 | eHistory.13 - Current Medication Dose | | | O | | | |
| 0 : 1 | eHistory.14 - Current Medication Dosage Unit | | | O | | | |
| 0 : 1 | eHistory.15 - Current Medication Administration Route | | | O | | | |
| 0 : 1 | eHistory.16 - Presence of Emergency Information Form | | | O | | | |
| 1 : M | eHistory.17 - Alcohol/Drug Use Indicators | N | S | R | N | L | P |
| 0 : 1 | eHistory.18 - Pregnancy | | | O | | L | P |
| 0 : 1 | eHistory.19 - Last Oral Intake | | | O | | | |

eHistory