PATIENT

* THC
- o First name
- o Middle Name
- o Last Name
- o DOB
- o SSN
- o Gender
- o Phone Number
- o Email
- o Street Address
- o City
- o State
- o Zip code
- o Country
- o Photo
- o Insurance
- o Comments

VISIT

- # * Visit_ID
- * Visit sequence number
- * Visit Date
- o Problem type
- o Comment
- o Category
- o Protocol
- o Instrument
- o REM
- o Follow up
- o Next Visit

TFI

- o Sc_T
- o Sc_I
- o Sc_SC
- o Sc_C
- o Sc_SL
- o Sc_A
- o Sc_R
- o Sc_Q
- o Sc_E
- o I1
- o I2
- o I3
- o SC4
- o Sc5
- o SC6
- o C7
- o C8
- o C9
- o SL10
- o SL11
- o SL12
- o A13
- o A14
- o A15
- o R16
- o R17
- o R18
- o Q19
- o Q20
- o Q21
- o Q22
- o E23
- o E24
- o E25

Description

- # * Code
- o Content
- * Type

THI

- o Sc_T
- o Sc_F
- o Sc_E
- o Sc_C
- o F1
- o F2
- o E3
- o F4
- o C5
- o E6
- o F7
- o C8
- o F9
- o E10
- o C11
- o F12
- o F13
- o E14
- o F15
- o E16
- o E17
- o F18
- o C19
- o F20
- o E21
- o E22
- o C23
- o F24
- o E25

has

made by

has

belongs to

has

belongs to