

PATIENT		
P	*	THC
		First_name
		Middle_Name
		Last_Name
		DOB
		SSN
		Gender
		Phone_Number
		Email
		Street_Address
		City
		State
		Zip_code
		Country
		Photo
		Insurance
		Comments
PATIENT_PK (THC)		

VISIT		
P	*	VISIT_ID
F	*	PATIENT_THC
	*	Visit_sequence_number
	*	Visit_Date
		Problem_type
		Comment
		Category
		Protocol
		Instrument
		REM
		Follow_up
		Next_Visit
VISIT_PK (VISIT_ID)		
VISIT_PATIENT_FK (PATIENT_THC)		

TFI		
F		VISIT_VISIT_ID
		Sc_T
		Sc_I
		Sc_SC
		Sc_C
		Sc_SL
		Sc_A
		Sc_R
		Sc_Q
		Sc_E
		I1
		I2
		I3
		SC4
		Sc5
		SC6
		C7
		C8
		C9
		SL10
		SL11
		SL12
		A13
		A14
		A15
		R16
		R17
		R18
		Q19
		Q20
		Q21
		Q22
		E23
		E24
		E25
TFI_PK ()		
TFI_VISIT_FK (VISIT_VISIT_ID)		

Description		
P	*	Code
		Content
	*	Type
Description_PK (Code)		

THI		
F		VISIT_VISIT_ID
		Sc_T
		Sc_F
		Sc_E
		Sc_C
		F1
		F2
		E3
		F4
		C5
		E6
		F7
		C8
		F9
		E10
		C11
		F12
		F13
		E14
		F15
		E16
		E17
		F18
		C19
		F20
		E21
		E22
		C23
		F24
		E25
THI_PK ()		
THI_VISIT_FK (VISIT_VISIT_ID)		