|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity Name** | **Attribute Name** | **Data Type** | **Length** | **Key** | **FK Referral** | **Constraints** | **Description** |
| **Department** | **depID** | TINYINT |  | **PK** |  | Numeric reference number. | Unique department ID. |
| depName | VARCHAR | 30 |  |  |  | Department name. |
|  | | | | | | | |
| **Surgeon** | **surgID** | SMALLINT |  | **PK** |  | Numeric reference number. | Unique surgeon ID. |
| surgFirstName | VARCHAR | 30 |  |  |  | Surgeon first name. |
| surgLastName | VARCHAR | 35 |  |  |  | Surgeon last name. |
| depID | TINYINT |  | FK | **Department** |  |  |
|  | | | | | | | |
| **ReferrerType** | **refTypeID** | TINYINT |  | **PK** |  | Numeric reference number. | Unique referrer type ID number. |
| refType | VARCHAR | 20 |  |  |  | Referrer type name. |
|  | | | | | | | |
| **Referrer** | **refID** | SMALLINT |  | **PK** |  | Numeric reference number. | Unique referrer ID. |
| refFirstName | VARCHAR | 30 |  |  |  | Referrer first name. |
| refLastName | VARCHAR | 35 |  |  |  | Referrer last name. |
| refTypeID | TINYINT |  | FK | **ReferrerType** |  |  |
|  | | | | | | | |
| **Patient** | **patNHI** | VARCHAR | 7 | **PK** |  | Personal Identifier. | Unique patient ID that is NHI. |
| patFirstName | VARCHAR | 30 |  |  |  | Patient first name. |
| patLastname | VARCHAR | 35 |  |  |  | Patient last name. |
| patDOB | DATE |  |  |  |  | Patient day of birth. |
| patGender | VARCHAR | 1 |  |  | First letter of patient’s gender. | Patient’s gender. |
|  | | | | | | | |
| **Referral** | **referalID** | SMALLINT |  | **PK** |  | Numeric reference number. | Unique referral ID. |
| refDate | DATE |  |  |  |  | Date and time when the referral was received. |
| refID | SMALLINT |  | FK | **Referrer** |  |  |
| patNHI | VARCHAR | 7 | FK | **Patient** |  |  |
| surgID | SMALLINT |  | FK | **Surgeon** |  |  |
| FSA | DATE |  |  |  |  | First specialist appointment date. |
| eligible | BIT |  |  |  | 0 for No, 1 for Yes | Eligibility for Ministry of Health Reporting. |