|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity Name** | **Attribute Name** | **Data Type** | **Length** | **Key** | **FK Referral** | **Constraints** | **Description** |
| **Department** | **depID** | TINYINT |  | **PK** |  |  | Unique department ID. |
| depName | VARCHAR | 30 |  |  |  | Department name. |
|  | | | | | | | |
| **Surgeon** | **surgID** | SMALLINT |  | **PK** |  |  | Unique surgeon ID. |
| surgFirstName | VARCHAR | 30 |  |  |  | Surgeon first name. |
| surgLastName | VARCHAR | 35 |  |  |  | Surgeon last name. |
| depID | TINYINT |  | FK | **Department** | Lookup | Department the surgeon works at. |
|  | | | | | | | |
| **Referrer** | **refID** | SMALLINT |  | **PK** |  |  | Unique referrer ID. |
| refFirstName | VARCHAR | 30 |  |  |  | Referrer first name. |
| refLastName | VARCHAR | 35 |  |  |  | Referrer last name. |
| refType | VARCHAR | 20 |  |  | GP, Internal, Private or Other Hospital | Referrer type. |
|  | | | | | | | |
| **Patient** | **patNHI** | VARCHAR | 7 | **PK** |  |  | Personal NHI Identifier. |
| 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.  **O** for any other than Male or Female gender. | Patient’s gender. |
|  | | | | | | | |
| **Referral** | **referalID** | SMALLINT |  | **PK** |  |  | Unique referral ID. |
| refDate | DATE |  |  |  |  | Date and time when the referral was received. |
| refID | SMALLINT |  | FK | **Referrer** | Lookup |  |
| patNHI | VARCHAR | 7 | FK | **Patient** | Lookup |  |
| surgID | SMALLINT |  | FK | **Surgeon** | Lookup |  |
| FSA | DATE |  |  |  |  | First specialist appointment date. |
| eligible | BIT |  |  |  | 0 for No, 1 for Yes | Eligibility for Ministry of Health Reporting. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ReferralError** | **refErrorID** | SMALLINT |  | **PK** |  |  | Unique error referral ID. |
| refDate | DATE |  |  |  |  | Date and time when the referral was received. |
| refID | SMALLINT |  | FK | **Referrer** | Lookup |  |
| patNHI | VARCHAR | 7 | FK | **Patient** | Lookup |  |
| surgID | SMALLINT |  | FK | **Surgeon** | Lookup |  |
| FSA | DATE |  |  |  |  | First specialist appointment date. |
| eligible | BIT |  |  |  | 0 for No, 1 for Yes. | Eligibility for Ministry of Health Reporting. |
|  | | | | | | | |
| **ErrorType** | **errorTypeID** | SMALLINT |  | **PK** |  |  | Unique error type ID. |
| errorType | VARCHAR | 15 |  |  | Attribute name. | Name of the attribute where error happen. |
|  | | | | | | | |
| **ReferralError**  **\_ErrorType** | **errorID** | SMALLINT |  | **PK** |  |  | Unique error ID. |
|  | refErrorID | SMALLINT |  | **FK** | **ReferralError** | Lookup |  |
|  | errorTypeID | SMALLINT |  | **FK** | **ErrorType** | Lookup |  |
|  | errorDate | SMALLDATETIME |  |  |  | No Format. | Exact date and time when error happen. |