Veradigm® EHR

# EHI Export Data Guide

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## Proprietary Notice



## IMPORTANT NOTICE REGARDING GOVERNMENT USE

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# Preliminary considerations

## About this guide

Read this guide if you requested patient data from a practice that uses Veradigm® EHR, and the practice fulfilled your request with files generated from the EHR's Electronic Health Information (EHI) Export tool. This guide gives you information and links to additional resources for integrating the data into your organization's software.

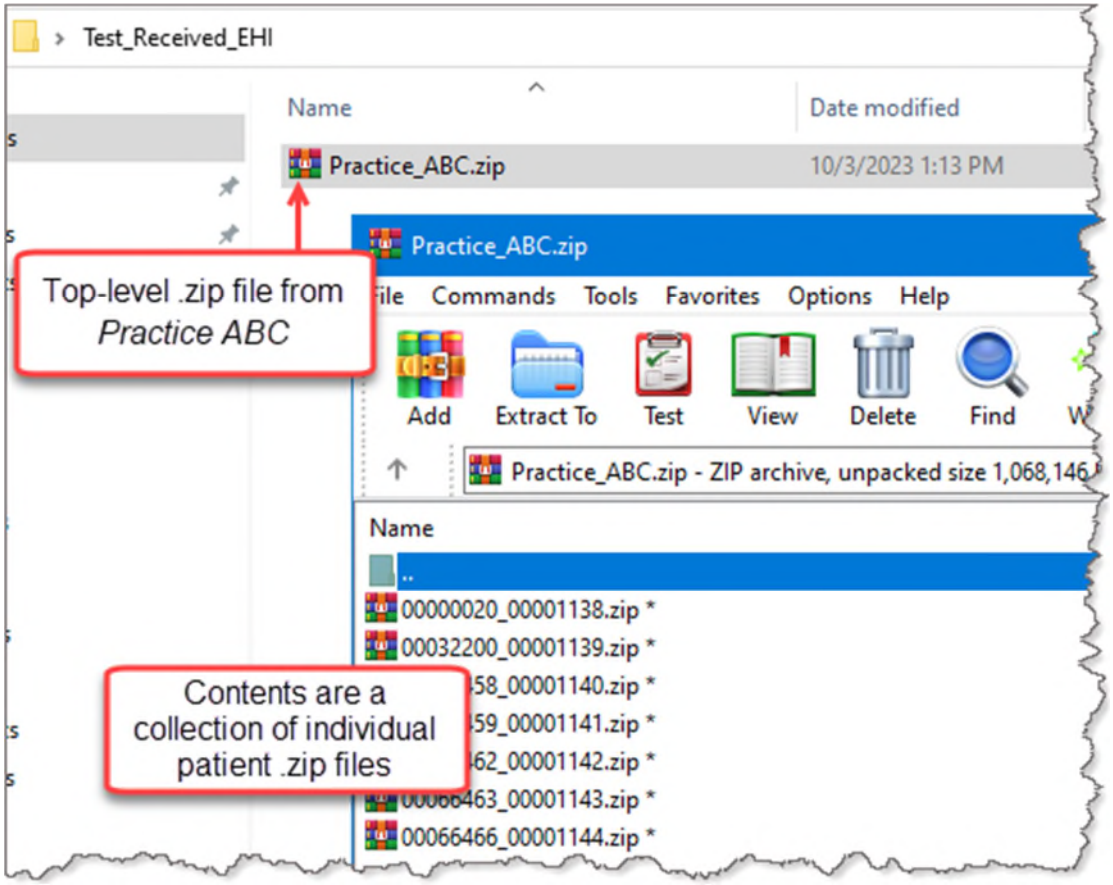
## Extracting from the .zip files

Because the Veradigm EHR EHI Export tool packages data in .zip files, you probably received at least one .zip file from the practice.

To unzip the file, use a third-party file archiver program that supports password protection, such as WinZip, WinRAR, or 7zip. You must enter a password (provided by the practice) to extract the contents. The file extraction feature in Microsoft® Windows® Explorer does not support password protection, and will not work to unzip the file.

The file contents are one or more other .zip files, each of which corresponds with a single patient chart. In the following example, the top-level .zip file from Practice ABC contains seven .zip files for seven different patients; each file is named with a combination of the patient's EHR ID and export request number. (Be aware that different Veradigm EHR practices might have different naming conventions.)

*Figure 1: Example patient .zip files (viewed in archiver program WinRAR)*




> Note: The example above displays patient .zip files in a window of the file archiver program WinRAR. If you use a different archiver program, the .zip file icons will be different, and the options for extracting and working with files will be different.

To extract the contents of an individual patient .zip file, you do not need to supply a password.

# Folder hierarchy of a patient .zip file

Each patient .zip file contains four top-level folders:

- Attachments
- Scanned Documents
- Transcriptions
- Discrete Data

## Attachments folder

This top-level folder contains images, documents, and voice notes that are associated with the patient's chart. File types can include:

- .jpg, .gif, .tif, and .png
- .wav and .mp3
- PDFs
- Microsoft® Word® files
- Microsoft® Excel® files
- Microsoft® PowerPoint® files
- And many more

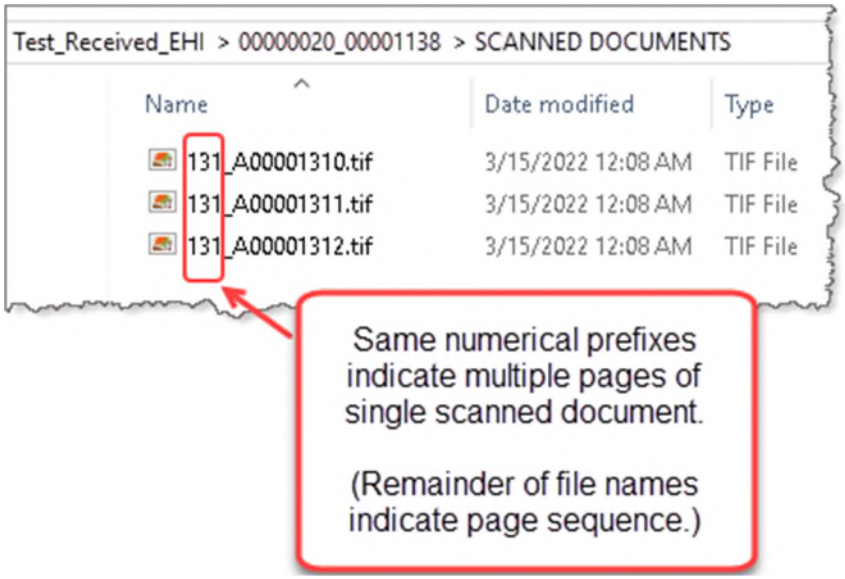
If no attachments exist for a patient, the folder will simply be empty.

## Scanned Documents folder

This top-level folder also contains documents that are associated with the patient's chart. Called *scanned documents*, they differ from other files saved to a patient chart because they originated as hard-copy documents that were scanned into the EHR through a component called Input Manager. All scanned documents are of file type *.tif*.

Note that multi-page scanned documents are saved as a sequence of .tif files, each with the same numerical prefix. For example:

*Figure 2: .tif files in Scanned Documents folder*




If no scanned documents exist for a patient, this folder will be empty.

# Transcriptions folder

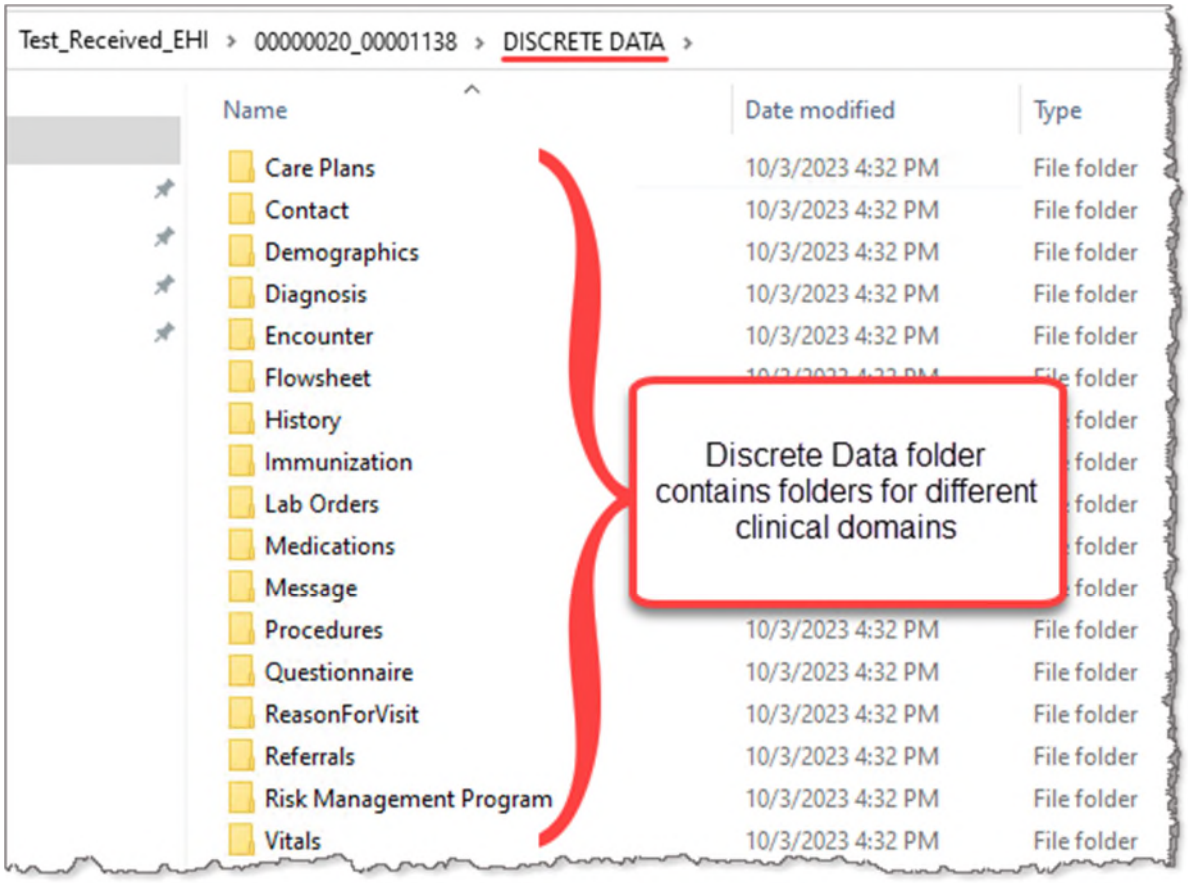
This top-level folder contains transcriptions in *.rtf* files. If no transcriptions exist for a patient, the folder will be empty.

# Discrete Data folder

In general, *discrete data* is the primary content of the patient chart. It is demographic and clinical data that has been documented by providers directly in the Veradigm EHR application.

The top-level Discrete Data folder contains sub-folders that correspond with different clinical domains, such as Care Plans, Diagnoses, and History. Refer to the following image:

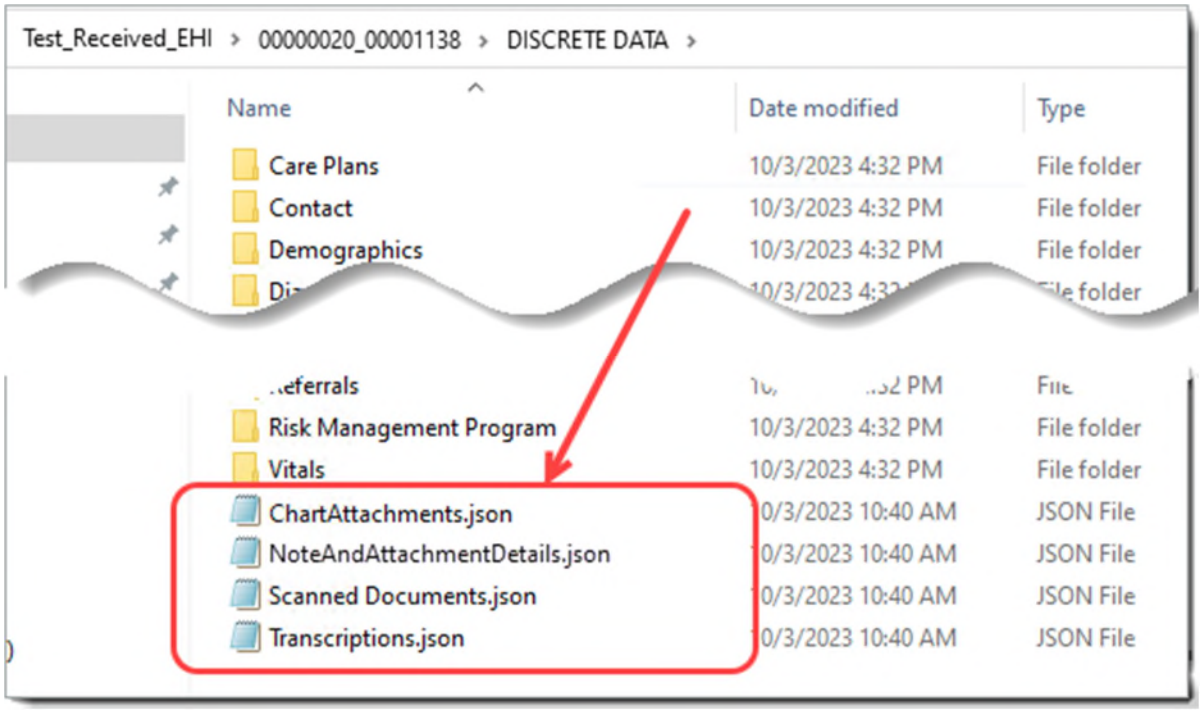
*Figure 3: Clinical domain folders in the top-level Discrete Data folder*




Every clinical domain folder contains at least one *.json* file of discrete data. You can think of each .json file as equivalent to a table from the Veradigm EHR database. For definitions of the database fields in each file, see Discrete data: Clinical domains and tables in this document.

Also in the Discrete Data folder, there are four .json files that are not nested within clinical domain folders:

*Figure 4: .json files outside of clinical domain folders*




These four files contain discrete data about the images and documents in the other three top-level folders (Attachments, Scanned Documents, and Transcriptions). The section Discrete data: Additional .json files provides information about these files.

# About JSON

Files of type *.json* are structured according to the JavaScript Object Notation (JSON) open standard. When developing the Veradigm EHR EHI Export tool, the Veradigm team chose JSON as the format for discrete data because JSON can be easily consumed by a wide range of healthcare software. As stated by the coding education portal W3Schools:

> "Since the format is text only, JSON data can easily be sent between computers, and used by any programming language."

Use the following resources to learn more about working with JSON:

- W3Schools introduction to JSON: https://www.w3schools.com/js/js_json_intro.asp
- JSON open standard website: https://www.json.org/json-en.html
- Microsoft® Help article "JSON data in SQL Server": https://learn.microsoft.com/en-us/sql/relational-databases/json/json-data-sql-server?view=sql-server-ver16
- Microsoft® Help article "Parse and Transform JSON Data with OPENJSON": https://learn.microsoft.com/en-us/sql/relational-databases/json/convert-json-data-to-rows-and-columns-with-openjson-sql-server?view=sql-server-ver16

# Discrete data: Clinical domains and tables

The next portion of this document is divided into sections that correspond with the clinical domain folders nested under the top-level Discrete Data folder.

Each section contains a table for every .json file of discrete data that falls into the applicable clinical domain. The tables define the fields used in the .json files. And, because the fields are taken directly from the EHR database, the name of the corresponding EHR database table is also listed (along with its primary key).

> Note: Among the .json files that you receive for a patient, some might be empty. An empty .json file indicates that no data exists for the patient in the corresponding EHR database table.

## Demographics

The Demographics clinical domain includes basic demographic, contact, and consent information about the patient, as well as information about the patient's current and past medical caregivers.

### *Filename: Demographics.json*

**Description**: Contains basic demographic information about the patient: name, sex, birth information, address, preferred pharmacies, etc.
**EHR internal database table name:** DEMOGRAPHICS
**Primary key:** PatientID

#### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientID** | Patient identifier on EHR system | Integer |
| **MedicalRecordNumber** | Identifier for individual patient record in EHR user interface | VARCHAR(30) |

| Field name | Description | Type of value |
|---|---|---|
| **PatientType** | Identifies current patient as Training or Regular patient | VARCHAR(20) |
| **PatientTitle** | Patient title | VARCHAR(10) |
| **PatientFirstName** | Patient first name | VARCHAR(40) |
| **MiddleInitial** | Patient middle initial | VARCHAR(40) |
| **PatientLastName** | Patient last name | VARCHAR(40) |
| **Suffix** | Patient suffix | VARCHAR(10) |
| **DateOfBirth** | Patient date of birth | DateTime |
| **BirthTime** | Patient birth time | DateTime |
| **MultipleBirthFlag** | Flag: was patient in multiple birth? (0=No, 1=Yes, 2=Undefined) | Integer |
| **BirthOrder** | Patient birth order | Integer |
| **PatientUpdateLGBTFlag** | Flag: should additional sex fields be visible for this patient? (1 = Yes, 0 = No) | Integer |
| **BirthSex** | Patient birth sex | VARCHAR(255) |
| **PatientIdentifiesAs** | Patient "identifies as" gender | VARCHAR(255) |
| **MedicalSex** | Patient medical sex | VARCHAR(255) |
| **PatientPreferredPronouncedSex** | Patient preferred gender pronoun | VARCHAR(255) |
| **AdministrativeSex** | Patient administrative sex | VARCHAR(255) |
| **SexualOrientation** | Patient sexual orientation | VARCHAR(255) |
| **PatientMaritalStatus** | Patient medical status | VARCHAR(255) |
| **Race** | Patient race | VARCHAR(255) |
| **Ethnicity** | Patient ethnicity | VARCHAR(255) |
| **Language** | Patient primary languages | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **BirthState** | Patient birth state | VARCHAR(50) |
| **BirthCountry** | Patient birth country | VARCHAR(255) |
| **PatientPrivacyStatus** | Patient privacy level | VARCHAR(255) |
| **PatientConfidentialityCode** | Confidentiality status: can recipient share exported data? | VARCHAR(255) |
| **ReferredByProviderName** | Referring provider name | VARCHAR(255) |
| **ReferredByProviderNPI** | Referring provider NPI | VARCHAR(50) |
| **ActiveStatusFlag** | Patient status in EHR system (1= Archived, 0 = Active) | Integer |
| **PreferredProviderName** | Patient preferred provider name | VARCHAR(255) |
| **PreferredProviderNPI** | Patient preferred provider NPI | VARCHAR(50) |
| **HomeAddress** | Patient home address | VARCHAR(154) |
| **HomeAddressCity** | Patient home address - city | VARCHAR(40) |
| **HomeAddressState** | Patient home address - state | VARCHAR(2) |
| **HomeAddressCounty** | Patient home address - county | VARCHAR(50) |
| **HomeAddressZip** | Patient home address - zip | VARCHAR(10) |
| **HomeAddressStartDate** | Patient start date at current home address | DateTime |
| **HomeAddressEndDate** | Patient end date at current home address | DateTime |
| **HomeAddressPhone** | Patient home address primary phone number | VARCHAR(25) |
| **Email** | Patient e-mail | VARCHAR(256) |
| **OfficeAddress** | Patient office address | VARCHAR(154) |
| **OfficeAddressCity** | Patient office address - city | VARCHAR(40) |
| **OfficeAddressState** | Patient office address - state | VARCHAR(2) |

| Field name | Description | Type of value |
|---|---|---|
| **OfficeAddressCounty** | Patient office address - county | VARCHAR(50) |
| **OfficeAddressZip** | Patient office address - zip | VARCHAR(10) |
| **OfficeEmail** | Patient office e-mail | VARCHAR(256) |
| **GuarantorName** | Patient guarantor | VARCHAR(255) |
| **RelationToGuarantor** | Patient guarantor relation to patient | VARCHAR(255) |
| **PatientReportedBloodGroup** | Patient blood type | VARCHAR(25) |
| **LocalOrderPharmacy** | Patient preferred local order pharmacy | VARCHAR(350) |
| **LocalOrderPharmacyNCPDP** | Patient preferred local order pharmacy NCPDP ID | VARCHAR(35) |
| **LocalOrderPharmacyNPI** | Patient preferred local order pharmacy NPI | VARCHAR(35) |
| **MaiOrderPharmacy** | Patient preferred mail order pharmacy | VARCHAR(350) |
| **MailOrderPharmacyNCPDP** | Patient preferred mail order pharmacy NCPDP ID | VARCHAR(35) |
| **MailOrderPharmacyNPI** | Patient preferred mail order pharmacy NPI | VARCHAR(35) |
| **OrganDonorFlag** | Flag: is patient an organ donor? (1 = Yes, 0 = No) | Char(1) |
| **EmergencyInformation** | Additional comments for patient's emergency information | VARCHAR(100) |
| **PreferredFirstName** | Patient preferred first name | VARCHAR(40) |
| **PreferredMiddleInitial** | Patient preferred middle initial | VARCHAR(40) |
| **PreferredLastName** | Patient preferred last name | VARCHAR(40) |
| **FormerFirstName** | Patient former first name | VARCHAR(40) |
| **FormerMiddleInitial** | Patient former middle initial | VARCHAR(40) |
| **FormerLastName** | Patient former last name | VARCHAR(40) |
| **BirthFirstName** | Patient birth first name | VARCHAR(40) |

| Field name | Description | Type of value |
|---|---|---|
| **BirthMiddleInitial** | Patient birth middle initial | VARCHAR(40) |
| **BirthLastName** | Patient birth last name | VARCHAR(40) |
| **PatientNickName** | Patient nickname | VARCHAR(30) |
| **Occupation** | Patient occupation | VARCHAR(255) |
| **Industry** | Patient occupation industry name | VARCHAR(255) |
| **PatientEmployer** | Patient employer name | VARCHAR(25) |
| **EmploymentStartDate** | Patient employment start date | DateTime |
| **EmploymentStatus** | Patient employment status | VARCHAR(255) |
| **ReleaseOfInformation** | Text indicating the level of information the patient has agreed to release | VARCHAR(255) |
| **PreventiveHealthReminderMethod** | Patient preferred method for receiving reminders and notifications | VARCHAR(255) |
| **HCFASignature** | Flag: has patient authorized release of information to HCFA? (1 = Yes, 0 = No) | Integer |
| **VIPIndicator** | Indicator: is patient a VIP? (1 = Yes, 0 = No) | Integer |
| **PATIENT_PCP_NAME** | Patient primary care provider name | VARCHAR(100) |
| **Notes** | Note for patient demographic record | VARCHAR(max) |
| **PatientDeceasedFlag** | Flag: is patient deceased? (1 = Yes, 0 = No) | Integer |
| **DateOfDeath** | Patient death date | DateTime |
| **LastUpdatedDate** | Date of last update of patient demographics information | DateTime |

## Filename: PatientConsent.json

**Description**: Lists consents patient has been asked for along with consent details and patient responses.
**EHR internal database table name:** PATIENT_CONSENT
**Primary key:** PatientConsentID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientConsentID** | Unique identifier for types of patient consents | Integer |
| **PatientConsentTitle** | Patient consent type title | VARCHAR(255) |
| **ConsentFormat** | Patient consent format | VARCHAR(30) |
| **ConsentAnswer** | Patient consent answer | VARCHAR(20) |
| **ConsentExpirationDate** | Patient consent expiration date | DateTime |
| **LastUpdatedDate** | Date of last update of patient consent | DateTime |

## Filename: PatientContacts.json

**Description**: Lists people to contact on the patient's behalf along with their contact information.
**EHR internal database table name:** PATIENT_CONTACTS
**Primary key:** PatientContactID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientContactID** | Identifier on EHR system of individual patient contact person | Integer |
| **ContactRank** | Patient contact person notification order | Integer |
| **ContactLastName** | Patient contact person last name | VARCHAR(30) |
| **ContactFirstName** | Patient contact person first name | VARCHAR(30) |

| Field name | Description | Type of value |
|---|---|---|
| **ContactMiddleName** | Patient contact person middle name | VARCHAR(30) |
| **ContactMaidenName** | Patient contact person maiden name | VARCHAR(30) |
| **ContactRelationship** | Patient contact person relationship with patient | VARCHAR(25) |
| **ContactAddress** | Patient contact person address | VARCHAR(155) |
| **ContactCity** | Patient contact person address - city | VARCHAR(40) |
| **ContactState** | Patient contact person address - state | VARCHAR(2) |
| **ContactCounty** | Patient contact person address - county | VARCHAR(50) |
| **ContactZIP** | Patient contact person address - zip | VARCHAR(10) |
| **ContactPhone** | Patient contact person phone | VARCHAR(25) |
| **ContactFax** | Patient contact person fax | VARCHAR(25) |
| **ContactPager** | Patient contact person pager | VARCHAR(25) |
| **ContactCellPhone** | Patient contact person cellphone | VARCHAR(25) |
| **ContacteMail** | Patient contact person e-mail | VARCHAR(256) |
| **ContactEmergencyFlag** | Flag: is patient contact person an emergency contact? (1 = Yes, 0 = No) | Integer |
| **HealthcareProxyFlag** | Flag: can patient contact person make healthcare decisions for patient? (1 = Yes, 0 = No) | Integer |
| **PrimaryCaregiverAtHomeFlag** | Flag: does patient contact person provide day-to-day care for patient and receive instructions about care? (1 = Yes, 0 = No) | VARCHAR(8) |
| **Notes** | Patient contact person notes text | VARCHAR(max) |

# *Filename: PatientPhysicians.json*

**Description**: Lists patient's health care providers with details and contact information for each.
**EHR internal database table name:** PATIENT_PHYSICIANS
**Primary key:** ProviderCode

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ProviderCode** | Identifier on EHR system for individual provider | Integer |
| **ProviderTitle** | Patient provider title | VARCHAR(10) |
| **ProviderFirstName** | Patient provider first name | VARCHAR(40) |
| **ProviderMiddleInitial** | Patient provider middle initial | VARCHAR(40) |
| **ProviderLastName** | Patient provider last name | VARCHAR(40) |
| **ProviderSuffix** | Patient provider suffix | VARCHAR(10) |
| **ProviderNPI** | Patient provider NPI | VARCHAR(20) |
| **ProviderRole** | Patient provider role | VARCHAR(255) |
| **ProviderSpecialty** | Patient provider specialty | VARCHAR(255) |
| **ProviderAddress** | Patient provider address | VARCHAR(155) |
| **ProviderCity** | Patient provider address - city | VARCHAR(25) |
| **ProviderState** | Patient provider address - state | VARCHAR(2) |
| **ProviderZIP** | Patient provider address - zip | VARCHAR(10) |
| **Phone** | Patient provider primary phone | VARCHAR(25) |
| **Fax** | Patient provider fax | VARCHAR(25) |
| **Email** | Patient provider e-mail | VARCHAR(256) |

# History

The History clinical domain provides information about the patient's historical diagnoses and medications and any implantable devices used.

## *Filename: HistoryDiagnosis.json*

**Description**: Contains information about the patient's past problems, problems that the patient reported as being managed outside of the practice, and allergies.
**EHR internal database table name:** HX_DIAGNOSIS
**Primary key:** HxDiagnosisId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **HxDiagnosisId** | Historical problem ID | Integer |
| **DiagnosisId** | If historical problem is reactivated for the patient, this ID identifies the active diagnosis | Integer |
| **ContactId** | Chart interaction in which historical problem was last updated | Integer |
| **EncounterId** | Encounter in which historical problem was originally documented | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **Source** | Source dictionary of historical problem | VARCHAR(15) |
| **SourceCode** | ID of historical problem data from source dictionary | VARCHAR(10) |
| **Category** | Historical problem category | VARCHAR(255) |
| **Title** | Historical problem name as listed in source dictionary | VARCHAR(240) |
| **Description** | Alternative name (if provided by user) for historical problem | VARCHAR(240) |
| **ClassifiedAs** | Historical problem classification (* means Other) | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **Status** | Historical problem status (* means Other) | VARCHAR(255) |
| **Severity** | Historical problem severity (* means Other) | VARCHAR(255) |
| **Acuity** | Historical problem acuity (* means Other) | VARCHAR(255) |
| **Stability** | Historical problem stability (* means Other) | VARCHAR(255) |
| **Intensity** | Historical problem intensity (* means Other) | VARCHAR(255) |
| **OnsetDate** | Historical problem onset date | DateTime |
| **ResolvedDate** | Historical problem resolution date | DateTime |
| **Disability** | Disability comment text for historical problem | VARCHAR(240) |
| **Goal** | Goal comment text for historical problem | VARCHAR(240) |
| **Basis** | Historical problem basis text | VARCHAR(2000) |
| **Comments** | General comments for historical problem | VARCHAR(2000) |
| **LastUpdatedDate** | Last date the historical problem was updated | DateTime |
| **RevisionNumber** | Revision number of last update to historical problem | Integer |
| **SNOMEDCTCode** | SNOMED CT code for problem | VARCHAR(255) |
| **Reason** | For drug allergies only: Reason why patient cannot take drug | VARCHAR(255) |
| **AttributeText** | Problem attribute text | VARCHAR(8000) |
| **ICD10Code** | ICD-10 code of problem | VARCHAR(10) |
| **BarrierFlag** | Flag: Is problem a barrier to health? (1 = Yes, 0 = No) | Integer |

# *Filename: ImplantableDevice.json*

**Description**: Contains information about devices implanted in the patient.
**EHR internal database table name:** HX_IMPLANTABLE_DEVICE
**Primary key:** HxImplantableDeviceId

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **HxImplantableDeviceId** | Implantable device ID | Integer |
| **ProcedureId** | Procedure associated with device | Integer |
| **EncounterId** | Encounter in which device was documented | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **Source** | Source of device data | VARCHAR(15) |
| **SourceCode** | Source used to identify the device | VARCHAR(25) |
| **UDICode** | Device UDI code | VARCHAR(100) |
| **DICode** | Device DI code | VARCHAR(25) |
| **IssuingAgency** | Issuing agency of device ID | VARCHAR(15) |
| **ImplantDevice** | Name of device | VARCHAR(250) |
| **DeviceDescription** | Description of device | VARCHAR(2000) |
| **ImplantedDate** | Device implantation date | DateTime |
| **RemovalDate** | Device removal date | DateTime |
| **PromotedFlag** | Flag: Is device promoted? (1 = Yes, 0 = No) | Integer |
| **Comments** | Device comment text | VARCHAR(2000) |
| **RevisionNumber** | Revision number of last device update | Integer |
| **LastUpdatedDate** | Last date the device was updated | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **CompanyName** | Manufacturer of device | VARCHAR(100) |
| **BrandName** | Brand name of device | VARCHAR(80) |
| **SerialNumber** | Serial number of device | VARCHAR(20) |
| **ModelVersion** | Model/version of device | VARCHAR(80) |
| **LotBatchNumber** | Lot/batch number of device | VARCHAR(20) |
| **MRISafetyStatus** | MRI safety status of device | VARCHAR(100) |
| **ContainsNRL** | Text indicating whether device contains latex | VARCHAR(50) |
| **ManufactureDate** | Manufactured date of device | DateTime |
| **ExpirationDate** | Expiration date of device | DateTime |
| **BarrierFlag** | Flag: Is device associated with a barrier to health? (1 = Yes, 0 = No) | Integer |

## *Filename: HistoryMedication.json*

**Description**: Contains basic information about medications the patient has taken in the past, as well as current medications that have been prescribed inside or outside the practice.
**EHR internal database table name:** HX_MEDICATION
**Primary key:** HxMedicationId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **HxMedicationId** | Historical medication ID | Integer |
| **MedicationId** | If historical medication is reactivated for the patient, this ID identifies the active prescription | Integer |
| **EncounterId** | Encounter in which historical medication was originally documented | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **ContactId** | Chart interaction in which historical medication was last updated | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **Source** | Source dictionary of historical medication | VARCHAR(15) |
| **SourceCode** | ID of historical medication data from source dictionary | VARCHAR(8) |
| **GPICode** | GPI code of historical medication | VARCHAR(14) |
| **Title** | Name of historical medication | VARCHAR(255) |
| **OriginalTitle** | Long name of historical medication (with details such as strength and unit) | VARCHAR(240) |
| **StartDate** | Date when patient started historical medication | DateTime |
| **EndDate** | Date when patient stopped historical medication | DateTime |
| **Duration** | Duration of medication course | Integer |
| **DurationUnitCode** | Time unit of duration (0 = days, 2 = hours) | Integer |
| **Status** | Status of historical medication | VARCHAR(255) |
| **Dose** | Dose value text | VARCHAR(30) |
| **DoseUnit** | Dose unit text | VARCHAR(10) |
| **DoseUnknownFlag** | Flag: Strength unknown? (1 = Yes, 0 = No) | Integer |
| **Intake** | Number of units taken by the patient per dose | VARCHAR(30) |
| **Frequency** | Frequency of intake | VARCHAR(255) |
| **Route** | Route of intake | VARCHAR(20) |
| **Comments** | General medication comments | VARCHAR(2000) |
| **ReasonOfChange** | If patient cannot take the drug, this is the reason | VARCHAR(30) |
| **LastUpdatedDate** | Last date medication was updated | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **RevisionNumber** | Revision number of last medication update | Integer |
| **DispenseAsWritten** | Indicator: Prohibit generic substitution? (1=Yes, 0=No) | Integer |
| **DrugName** | Medication name as listed in source dictionary | VARCHAR(200) |
| **DrugDoseForm** | Dose unit as listed in source dictionary | VARCHAR(100) |
| **NDCCode** | NDC code of medication | VARCHAR(15) |
| **RxNormCode** | RxNorm code of medication | VARCHAR(15) |
| **ReasonBarrierFlag** | Flag: Is there a barrier to taking the drug? (0=No, 1=Yes, 2=Undefined) | Integer |

# Vitals

The Vitals domain holds data on the patient's historical vital signs.

## *Filename: Vitals.json*

**Description**: Contains vital signs data presented according to the associated patient encounter and contact instance.
**EHR internal database table name:** VITALS_DATA
**Primary key:** VitalsId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **VitalsId** | Identifier on EHR system for individual patient vitals data record | Integer |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **ContactId** | Identifier on EHR system for individual contact instance of latest vitals data changes | Integer |
| **VitalsEntryDateTime** | Date and time vitals documented | Datetimeoffset(3) |
| **ProviderName** | Encounter provider name | VARCHAR(255) |
| **ProviderNPI** | Encounter provider NPI | VARCHAR(50) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **Weight** | Patient weight | Numeric(8,4) |
| **WeightUnit** | Units for Weight field value | VARCHAR(255) |
| **PatientReportedWeightFlag** | Flag: was weight reported by patient? (1 = Yes, 0 = No) | TinyInteger |
| **ElectronicallyAcquiredWeightFlag** | Flag: was weight acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **PatientDeclinedWeightFlag** | Flag: did patient decline to be weighed? (1 = Yes, 0 = No) | TinyInteger |

| Field name | Description | Type of value |
|---|---|---|
| **Height** | Patient height | Numeric(5,2) |
| **HeightUnit** | Units for Height field value | VARCHAR(255) |
| **PatientReportedHeightFlag** | Flag: was height reported by patient? (1 = Yes, 0 = No) | TinyInteger |
| **ElectronicallyAcquiredHeightFlag** | Flag: was height acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **PatientDeclinedHeightFlag** | Flag: did patient decline height measurement? (1 = Yes, 0 = No) | TinyInteger |
| **PrePregnancyWeight** | Patient weight pre-pregnancy | Numeric(8,4) |
| **PrePregnancyWeightUnit** | Units for pre-pregnancy weight field value | VARCHAR(255) |
| **PrePregnancyPatientReportedWeightFlag** | Flag: was pre-pregnancy weight reported by patient? (1 = Yes, 0 = No) | TinyInteger |
| **ElectronicallyAcquiredPrePregnancyWeightFlag** | Flag: was pre-pregnancy weight acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **Waist** | Patient waist | Numeric(5,2) |
| **WaistUnit** | Units for Waist field value | VARCHAR(255) |
| **HeadCircumference** | Patient head circumference | Numeric(5,2) |
| **HeadCircumferenceUnit** | Units for Head circumference field value | VARCHAR(255) |
| **Neck** | Patient neck measurement, in inches | Varchar(17) |
| **BPSystolic** | Patient blood pressure, systolic | SmallInteger |
| **BPDiastolic** | Patient blood pressure, diastolic | SmallInteger |
| **BPPalpatedFlag** | Flag: was blood pressure acquired by palpation? (1 = Yes, 0 = No) | TinyInteger |
| **ElectronicallyAcquiredBPFlag** | Flag: was blood pressure acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **BPPosition** | Patient position during blood pressure assessment | VARCHAR(255) |
| **BPCuffLocation** | Cuff location during blood pressure assessment | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **BPCuffSize** | Blood pressure cuff size | VARCHAR(255) |
| **PulseRate** | Patient pulse rate | SmallInteger |
| **PulsePattern** | Patient pulse pattern | VARCHAR(255) |
| **ElectronicallyAcquiredPulseFlag** | Flag: was pulse acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **Temperature** | Patient body temperature | Numeric(5,2) |
| **TemperatureUnit** | Unit for Temperature field value | VARCHAR(255) |
| **TemperatureMethod** | Patient temperature recording method | VARCHAR(255) |
| **ElectronicallyAcquiredTemperatureFlag** | Flag: was patient temperature acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **RespirationRate** | Patient respiration rate | SmallInteger |
| **RespirationPattern** | Patient respiration pattern | VARCHAR(255) |
| **ElectronicallyAcquiredRespirationFlag** | Flag: was respiration acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **PulseOx** | Patient pulse oximetry reading | SmallInteger |
| **PulseOxCitation** | Pulse oximeter reading | VARCHAR(255) |
| **ElectronicallyAcquiredPulseOxFlag** | Flag: was pulse oximetry acquired electronically? (1 = Yes, 0 = No) | TinyInteger |
| **VitalPeakFlow** | Patient peak expiratory flow rate | Varchar(16) |
| **PainLevel** | Patient reported pain level | SmallInteger |
| **LMPDate** | Date of patient last menstrual period | Date |
| **PertinentLMPHistory** | History pertinent to LMP date (e.g., hysterectomy) | VARCHAR(50) |
| **Comments** | Provider comments on vitals data record for this encounter | VARCHAR(2000) |

# Diagnosis

The Diagnosis domain contains data on the patient's diagnoses.

## *Filename: Diagnosis.json*

**Description**: Contains details about patient diagnoses, including all related codes, providers, and associated patient encounters and contacts.
**EHR internal database table name:** DX
**Primary key:** DiagnosisId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **DiagnosisId** | Identifier on EHR system for individual patient diagnosis | Integer |
| **Title** | Diagnosis name corresponding with identifier | VARCHAR(240) |
| **ClassifiedAs** | Diagnosis classification category (* = other) | VARCHAR(255) |
| **Description** | Alternate user-supplied diagnosis name | VARCHAR(240) |
| **EncounterId** | Identifier on EHR system for patient encounter in which diagnosis was made | Integer |
| **ContactId** | Identifier on EHR system for patient contact instance associated with latest diagnosis record changes | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ProviderId** | Identifier on EHR system for provider who documented diagnosis | Integer |
| **ProviderName** | Diagnosis documenting provider name | VARCHAR(255) |
| **ProviderNPI** | Diagnosis documenting provider NPI | VARCHAR(50) |
| **Source** | Diagnosis data source | VARCHAR(15) |
| **SourceCode** | Identifier on EHR system of diagnosis data source | VARCHAR(10) |

| Field name | Description | Type of value |
|---|---|---|
| **ICD10Code** | Historical diagnosis ICD10 code | VARCHAR(10) |
| **OnsetDate** | Diagnosed problem onset date | Date |
| **OnsetDateFormat** | Diagnosed problem onset date format (1 = Year Only, 2 = Month & Year, 3 = Full Date) | Integer |
| **ResolvedDate** | Diagnosed problem resolution date | Date |
| **LastUpdatedDate** | Date diagnosis record last updated | Datetimeoffset(3) |
| **Severity** | Diagnosed problem current severity (* = other) | VARCHAR(255) |
| **Acuity** | Diagnosed problem acuity (* = other) | VARCHAR(255) |
| **Stability** | Diagnosed problem stability (* = other) | VARCHAR(255) |
| **Intensity** | Diagnosed problem intensity (* = other) | VARCHAR(255) |
| **Category** | Diagnosis category | VARCHAR(255) |
| **Status** | Diagnosis current status (* = other) | VARCHAR(255) |
| **Goal** | Diagnosis goal text | VARCHAR(240) |
| **Basis** | Diagnosis basis text | VARCHAR(2000) |
| **ReasonOfChange** | Reason of change of diagnosis text | VARCHAR(240) |
| **Comments** | Diagnosis comments text | VARCHAR(2000) |
| **Story** | Diagnosis story | VARCHAR(2000) |
| **SNOMEDCTCode** | Historical diagnosis SNOMED CT code | VARCHAR(25) |
| **ArchivedFlag** | Flag: has this diagnosis been superseded by a revision? (1 = Yes, 0 = No) | Integer |
| **RevisionNumber** | Diagnosis revision number | Integer |
| **PromotedFlag** | Flag: is diagnosis record promoted? (1 = Yes, 0 = No) | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **V24EndsPregnancyFlag** | Flag: does V24 diagnosis code indicate end of pregnancy? (1 = Yes, 0 = No) | Integer |
| **DiagnosisDate** | Diagnosis documentation date | Date |
| **BarrierFlag** | Flag: is diagnosis barrier to health? (1 = Yes, 0 = No) | Integer |

# Medications

The Medications clinical domain presents information about prescribed medications, records of medication administratons, and prescription summaries.

## *Filename: Medications.json*

**Description**: Contains full prescription details for medications being managed for the patient by the practice.
**EHR internal database table name:** MEDICATIONS
**Primary key:** MedicationID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **MedicationId** | Identifier on EHR system for individual patient medication | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ContactId** | Identifier on EHR system for the contact instance associated with the latest medication record changes | Integer |
| **DrugCode** | Patient medication vendor-supplied dispensable drug code | VARCHAR(8) |
| **DrugNDC** | Patient medication NDC code | VARCHAR(15) |
| **DrugRxNorm** | Patient medication Rx Norm code | VARCHAR(15) |
| **DrugName** | Patient medication name | VARCHAR(255) |
| **DrugTitle** | Patient medication description | VARCHAR(255) |
| **DrugStrength** | Patient medication strength | VARCHAR(15) |
| **DrugStrengthUnit** | Units for Drug Strength field | VARCHAR(30) |
| **DrugDosage** | Patient medication dosage | VARCHAR(30) |
| **DrugDosageUnit** | Units for Drug Dosage field | VARCHAR(30) |

| Field name | Description | Type of value |
|---|---|---|
| **DrugRoute** | Patient medication route | VARCHAR(50) |
| **DrugFrequency** | Patient medication dose frequency | VARCHAR(50) |
| **StatusCode** | Current medication record status code | Integer |
| **StatusText** | Current medication record status text | VARCHAR(30) |
| **StatusChangeReason** | Current medication record status change reason | VARCHAR(30) |
| **MedicationInstructions** | Current medication - instructions given to patient | VARCHAR(1000) |
| **DispenseAsWrittenFlag** | Flag: dispense medication as written? (1 = Yes, 0 = No) | Integer |
| **InteractionWarningGiven** | Current medication - interaction warnings given | Integer |
| **LocalPrescriptionFlag** | Flag: local prescription? (1 = Yes, 0 = No) | Integer |
| **LocalDaysSupply** | Current medication - number of days' supply | Integer |
| **LocalComments** | Local prescription comments text | VARCHAR(2000) |
| **LocalQuantity** | Local prescription medication quantity | VARCHAR(10) |
| **LocalQuantityUnit** | Local prescription medication quantity units | VARCHAR(30) |
| **LocalRefillCode** | Local refill code | Integer |
| **LocalRefillDescription** | Local refill description | VARCHAR(30) |
| **LocalRefillQuantity** | Local refill quantity | VARCHAR (10) |
| **LocalRefillQuantityText** | Local refill quantity text | VARCHAR(30) |
| **LocalInstructions** | Local prescription instructions | VARCHAR(30) |
| **LocalPharmacy** | Local pharmacy instructions | VARCHAR(30) |
| **LocalPharmacyName** | Local pharmacy name | VARCHAR(30) |
| **MailPrescriptionFlag** | Flag: mail order prescription? (1 = Yes, 0 = No) | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **MailDaysSupply** | Mail order prescription - number of days' supply | Integer |
| **MailComments** | Mail order prescription comments text | VARCHAR(2000) |
| **MailQuantity** | Mail order prescription quantity | VARCHAR (10) |
| **MailQuantityText** | Mail order prescription quantity text | VARCHAR(30) |
| **MailRefillCode** | Mail order refill code | Integer |
| **MailRefillDescription** | Mail order refill description | VARCHAR(30) |
| **MailRefillQuantity** | Mail order refill quantity | VARCHAR(10) |
| **MailRefillQuantityText** | Mail order refill quantity text | VARCHAR(30) |
| **MailInstructions** | Mail order pharmacy instructions | VARCHAR(1000) |
| **MailPharmacyID** | Identifier on EHR system for individual mail order pharmacy | Integer |
| **MailPharmacyName** | Mail order pharmacy name | VARCHAR(30) |
| **MedicationTimeUnit** | Code set: time units for dose frequency | Integer |
| **DoseUnknownFlag** | Flag for historical medication: was drug dosage unknown when adding this medication to history? (1 = Yes, 0 = No) | Integer |
| **HistoryMedicationFlag** | Flag: is this a historical medication? (1 = Yes, 0 = No) | Integer |
| **MedicallyNecessaryFlag** | Flag: is this drug medically necessary? (1 = Yes, 0 = No) | Integer |
| **DrugSampleGivenFlag** | Flag: was drug sample given? (1 = Yes, 0 = No) | Integer |
| **DrugSampleLotNumber** | Drug sample lot number | VARCHAR(30) |
| **DrugSampleExirationDate** | Drug sample expiration date | DateTime |
| **MedicationOrderedDate** | Date medication ordered | DateTime |
| **MedicationStartDate** | Medication start date | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **MedicationEndDate** | Medication end date | DateTime |
| **LastUpdatedDate** | Date of last medication update | DateTime |
| **CaregiverID** | Identifier on EHR system of prescribing provider | Integer |
| **CaregiverName** | Prescribing provider name | VARCHAR(255) |
| **CaregiverNPI** | Prescribing provider NPI | VARCHAR(50) |

## *Filename: AdminMedications.json*

**Description**: Contains details about medications administered to the patient at the practice.
**EHR internal database table name:** MEDADMIN_RECORD
**Primary key:** AdministeredMedicationRecordID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **AdministeredMedicationRecordID** | Identifier on EHR system for each individual administered medication ordered for patient | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **AdministeredMedicationsCode** | Administered medication code | VARCHAR(5) |
| **ProcedureName** | Administered medication procedure code | VARCHAR(240) |
| **StatusCode** | Administered medication status code | Integer |
| **StatusCodeText** | Administered medication status text | VARCHAR(50) |
| **DrugCode** | Administered medication drug code | VARCHAR(8) |
| **DrugNDC** | Administered medication NDC | VARCHAR(15) |

| Field name | Description | Type of value |
|---|---|---|
| **DrugRxNorm** | Administered medication Rx Norm name | VARCHAR(15) |
| **DrugName** | Administered medication drug name | VARCHAR(50) |
| **DrugTitle** | Administered medication drug description | VARCHAR(255) |
| **DrugStrength** | Administered medication drug strength | VARCHAR(15) |
| **DrugStrengthUnit** | Administered medication drug strength units | VARCHAR(30) |
| **DrugRoute** | Administered medication route | VARCHAR(50) |
| **Dosage** | Administered medication dosage | VARCHAR(30) |
| **DosageUnit** | Administered medication dosage units | VARCHAR(30) |
| **DoseForm** | Administered medication dose form | VARCHAR(50) |
| **Comments** | Administered medication comments text | VARCHAR(2000) |
| **InjectionSite** | Administered medication injection site | VARCHAR(200) |
| **AdverseReactionFlag** | Flag: adverse reaction? (1 = Yes, 0 = No) | Integer |
| **AdministeredProviderId** | Identifier on EHR system for administering provider | Integer |
| **AdministeredProviderName** | Administering provider name | VARCHAR(255) |
| **AdministeredProviderNPI** | Administering provider NPI | VARCHAR(50) |
| **CompletedProviderId** | Identifier on EHR system for provider marking record completed | Integer |
| **CompletedByProviderName** | Name of provider marking record completed | VARCHAR(255) |
| **CompletedByProviderNPI** | NPI of provider marking record completed | VARCHAR(50) |
| **LotNumber** | Administered medication lot number | VARCHAR(30) |
| **LotExpirationDate** | Administered medication lot expiration date | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **DrugLabelerCode** | NDC code prefix (first 5 numeric characters) identifying administered drug manufacturer | VARCHAR(20) |
| **ManufacturerCode** | 3-digit MVX code identifying vaccine manufacturer | VARCHAR(3) |
| **OrderDate** | Administered medication order date | DateTime |
| **AdministeredDate** | Administered medication start date | DateTime |
| **CompletedDate** | Administered medication completion date | DateTime |
| **LastUpdatedDate** | Administered medication last updated | DateTime |

## *Filename: RxOutputSummary.json*

**Description**: Contains records of prescriptions for the patient sent to pharmacies from the EHR system.
**EHR internal database table name:** HTML_DOCUMENT
**Primary key:** ProcedureId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientID** | Patient identifier on EHR system | Integer |
| **MedicationId** | Identifier on EHR system for individual patient medication | Integer |
| **Revision** | Patient medication revision number | Integer |
| **DocumentID** | Identifier on EHR system for document assigned to prescription output actions | Integer |
| **RxAction** | Prescription output action | VARCHAR(50) |
| **RxTitle** | Prescription description | VARCHAR(255) |
| **Pharmacy** | Prescription - dispensing pharmacy name | VARCHAR(100) |

| Field name | Description | Type of value |
|---|---|---|
| **ActionDate** | Prescription - output date | DateTime |

# Procedures

The Procedures clinical domain contains data about performed procedures and the results obtained.

## *Filename: Procedures.json*

**Description**: Contains details about procedures, including ordering and administering caregivers and related diagnoses.
**EHR internal database table name:** PROCEDURES
**Primary key:** ProcedureId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ProcedureId** | Identifies procedure on EHR system | Integer |
| **ContactId** | Identifier on EHR system for contact instance for latest changes to procedure | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ProcedureTitle** | Procedure title | VARCHAR(240) |
| **ProcedureCode** | Procedure code | VARCHAR(10) |
| **ProcedureSource** | Procedure code system (e.g., "CPT", "CRS") | VARCHAR(15) |
| **ProcedureSourceCategory** | Procedure category (e.g., "Office procedures", "Patient education" | VARCHAR(50) |
| **ProcedureType** | Code set: procedure source (for example, if ProcedureSource = CPT, then ProcedureType = 1 - CPT Surgery, or = 2 - CPT Radiology, or = 3 CPT Laboratories, etc.) | VARCHAR(50) |
| **ProcedureCompletionStatus** | Procedure completion status | VARCHAR(255) |
| **ProcedureCompletionProviderId** | Identifier on EHR system of provider completing procedure | Integer |
| **ProcedureCompletionProviderName** | Name of provider completing procedure | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **ProcedureReviewedProviderId** | Identifier on EHR system of provider reviewing procedure | Integer |
| **ProcedureReviewedProviderName** | Name of provider reviewing procedure | VARCHAR(255) |
| **ProcedureReviewedStatus** | Procedure review status | VARCHAR(255) |
| **ProcedureNoteText** | Procedure attached note text | VARCHAR(max) |
| **ProcedureComments** | Procedure order comment text | VARCHAR(240) |
| **DxTitle** | Diagnosis related to procedure | VARCHAR(240) |
| **ProcedureAbnormalFlag** | Text indicating whether procedure is normal or abnormal | VARCHAR(50) |
| **HxTitle** | Diagnosis related to procedure - history diagnosis name | VARCHAR(240) |
| **PatientReportedFlag** | Flag: did patient report? (Yes or No) | VARCHAR(50) |
| **OrderedForProviderId** | Caregiver assigned to appointment - identifier on EHR system | Integer |
| **OrderedForProviderName** | Caregiver assigned to appointment - name | VARCHAR(255) |
| **ProcedureUnits** | Procedure units | Smallint |
| **InHouseFlag** | Text indicating whether the procedure was performed in-house (InHouse, External, or Undefined) | VARCHAR(50) |
| **IMOCode** | Procedure IMO CODE | Bigint |
| **ProcedureCatalogName** | Procedure catalog name | VARCHAR(255) |
| **ProcedureCancelReason** | Procedure - reason for cancelling | VARCHAR(255) |
| **ProcedureCollectedDate** | Procedure - collected date | DateTime |
| **ProcedureCompletionDate** | Procedure - date read or completed | DateTime |
| **ProcedureReviewedDate** | Procedure - date reviewed | DateTime |
| **ProcedureOrderDate** | Procedure - date ordered | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **LastUpdatedDate** | Procedure last updated | DateTime |

## *Filename: ProceduresResult.json*

**Description**: Provides details and data about results related to patient procedures.
**EHR internal database table name:** PROCEDURE_RESULT
**Primary key:** ProcedureResultId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ProcedureResultId** | Identifier on EHR system for individual procedure result | Integer |
| **EncounterId** | Identifier on EHR system for patient encounter when procedure was ordered | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ProcedureId** | Identifier on EHR system for individual procedure associated with procedure result | Integer |
| **ProcedureResultDataType** | Indicates result value data type | VARCHAR(50) |
| **ProcedureResultValue** | Procedure result value | VARCHAR(4000) |
| **ProcedureResultAbnormalFlag** | Text indicating whether result is normal or abnormal | VARCHAR(50) |
| **ProcedureResultNormalRange** | Procedure result normal range (as defined on the date the procedure was performed) | VARCHAR(50) |
| **ProcedureResultUnits** | Procedure result units | VARCHAR(20) |
| **ProcedureResultName** | Procedure result name | VARCHAR(255) |
| **ProcedureResultCompletionStatus** | Procedure result completion status | VARCHAR(50) |

| Field name | Description | Type of value |
|---|---|---|
| **ProcedureResultCompletionProviderId** | Identifier on EHR system of provider completing procedure | Integer |
| **ProcedureResultCompletionProviderName** | Procedure completing provider name | VARCHAR(255) |
| **ProcedureResultReviewedProviderId** | Procedure reviewing provider name | Integer |
| **ProcedureResultReviewedProviderName** | Procedure reviewing provider name | VARCHAR(255) |
| **ProcedureResultReviewedStatus** | Procedure result review status | VARCHAR(255) |
| **ProcedureResultNoteText** | Procedure result note text | VARCHAR(max) |
| **ProcedureResultComments** | Procedure additional comments text | VARCHAR(4000) |
| **ProcedureResultChangeReason** | Procedure update change reason | VARCHAR(4000) |
| **ProcedureResultNodeId** | Identifier on EHR system of individual procedure rule question branch | VARCHAR(15) |
| **ProcedureResultNodeName** | Procedure rule question branch name | VARCHAR(15) |
| **ProcedureResultQuestionId** | Identifier on EHR system of individual procedure rule question | VARCHAR(15) |
| **ProcedureResultQuestionTextAndGrammar** | Procedure result question text | VARCHAR(8000) |
| **ProcedureResultAnswerTextAndGrammar** | Procedure result answer text | VARCHAR(8000) |
| **ProcedureResultSubId** | Distinguishes between multiple procedure results with same name, or groups related procedure results | VARCHAR(20) |
| **ProcedureResultCompletionDate** | Procedure completion date | DateTime |
| **ProcedureResultReviewedDate** | Procedure reviewed date | DateTime |
| **ProcedureResultObservationDate** | Procedure analyzed/observed date (usually returned electronically with sample results) | DateTime |

| Field name | Description | Type of value |
|---|---|---|
| **LastUpdatedDate** | Procedure last updated | DateTime |

# Lab Orders

The Lab Orders clinical domain contains data about ordered labs and the results obtained.

## *Filename: LabOrders.json*

**Description**: Contains details about lab orders, including lab catalogs and codes, ordering and administering caregivers, and related diagnoses.
**EHR internal database table name:** LABORDERS
**Primary key:** LabOrderId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **LabOrderId** | Identifier on EHR system for individual lab order | Integer |
| **CPTCode** | Lab order CPT code | VARCHAR(5) |
| **ContactId** | Identifier on EHR system for contact instance associated with latest changes to the lab order | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **LabCatalogName** | Lab catalog name | VARCHAR(70) |
| **LabOrderName** | Lab order item name | VARCHAR(240) |
| **LoincId** | Lab order LOINC ID | VARCHAR(14) |
| **ProviderId** | Identifier on EHR system for provider requesting lab order | Integer |
| **ProviderName** | Lab order requesting provider name | VARCHAR(255) |
| **OrderedForProviderId** | Identifier on EHR system for caregiver assigned to the lab order appointment | Integer |
| **OrderedForProviderName** | Lab order appointment assigned caregiver name | VARCHAR(255) |
| **LabOrderCompletionStatus** | Lab order completion status | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **LabOrderReviewedStatus** | Lab order review status | VARCHAR(255) |
| **LabOrderNoteText** | Lab order note text | VARCHAR(max) |
| **LabSampleId** | Identifier on EHR system for individual lab samples | Integer |
| **LabOrderComment** | Lab order comment text | VARCHAR(240) |
| **DxTitle** | Lab order associated diagnosis description | VARCHAR(240) |
| **InHouseFlag** | Text indicating whether the lab was performed in-house (InHouse, External, or Undefined) | VARCHAR(50) |
| **LabOrderCancelReason** | Lab order cancellation reason | VARCHAR(255) |
| **LabOrderOrderedDate** | Date lab order placed | DateTime |
| **LabOrderReportDate** | Lab order reported date | DateTime |
| **LastUpdatedDate** | Lab order last update | DateTime |

## *Filename: LabResults.json*

**Description**: Provides information about results obtained from ordered labs.
**EHR internal database table name:** LAB_RESULT
**Primary key:** LabResultId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **LabResultId** | Identifier on EHR system for individual lab result | Integer |
| **EncounterId** | Identifier on EHR system for encounter when lab was ordered | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **LabOrderId** | Identifier on EHR system for individual lab order | Integer |
| **LabCatalogName** | Lab order lab catalog name | VARCHAR(70) |
| **LabSampleId** | Identifier on EHR system for individual lab samples | Integer |
| **LabResultDataType** | Indicates result value data type | Char |
| **LabResultValue** | Lab test result value | VARCHAR(4000) |
| **LabResultAbnormalFlag** | Flag: Is result abnormal? (1 = Yes, 0 = No) | Integer |
| **LabResultFlags** | Flag: characterizes lab result (A=Abnormal, L=Low, H=High) | VARCHAR(10) |
| **LabResultNormalRange** | Lab result normal range on date of testing | VARCHAR(50) |
| **LabResultUnits** | Lab result units | VARCHAR(20) |
| **LabResultName** | Lab result name | VARCHAR(255) |
| **LabResultSequence** | Lab order result order | Smallint |
| **LabResultCompletionStatus** | Indicates lab order completion status | VARCHAR(255) |
| **LabResultReviewedStatus** | Indicates lab result review status | VARCHAR(255) |
| **LabResultNoteText** | Lab result note text | VARCHAR(max) |
| **LabResultComments** | Lab result additional comments text | VARCHAR(4000) |
| **LabResultChangeReason** | Lab result update change reason | VARCHAR(4000) |
| **LabResultSubId** | Distinguishes between multiple lab results with same name, or groups related lab results | VARCHAR(20) |
| **LabResultLOINCId** | Microbiology result LOINC ID | VARCHAR(15) |
| **LabResultSNOMEDCTCode** | Microorganism SNOMED CT code | VARCHAR(8) |
| **LabResultCompletionProviderId** | Identifier on EHR system for provider completing lab result | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **LabResultCompletionProviderName** | Lab result completing provider name | VARCHAR(255) |
| **LabResultReviewedProviderId** | Identifier on EHR system for provider reviewing lab result | Integer |
| **LabResultReviewedProviderName** | Lab result reviewing provider name | VARCHAR(255) |
| **LabResultCompletionDate** | Lab test read/completed date | DateTime |
| **LabResultReviewedDate** | Lab test review date | DateTime |
| **LabResultObservationDate** | Lab test analyzed/observed date (usually returned electronically with sample results) | DateTime |
| **LastUpdatedDate** | Lab result last update | DateTime |

# Referrals

The Referrals clinical domain contains data about referrals associated with a patient.

## *Filename: Referrals.json*

**Description**: Contains information about patient referrals, including the referring providers and the provider the patient was referred to.
**EHR internal database table name:** REFERRALS
**Primary key:** ReferralId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ReferralId** | Identifier on EHR system for individual referral | Integer |
| **ContactId** | Identifier on EHR system for contact instance of latest referral changes | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **PatientName** | Referred patient name | VARCHAR(255) |
| **ReferralTitle** | Title assigned to referral (specialty or provider) | VARCHAR(240) |
| **ReferralText** | Referral description | VARCHAR(2000) |
| **ReferralSource** | Source of the referral (e.g., specialty list or provider list) | VARCHAR(15) |
| **Speciality** | Referred-to provider specialty | VARCHAR(255) |
| **CompletionStatus** | Indicates referral completion status (1 = pending, 2= incomplete, 3 = complete) | VARCHAR(15) |
| **ConsultationReason** | Provider-entered reason for consultation request | VARCHAR(2000) |
| **ReceiveStatusFlag** | Flag: receive periodic status reports on patient? (1 = Yes, 0 = No) | TinyInteger |
| **AdviseAsToDiagnosisFlag** | Flag: is "advise as to diagnosis" checked? (1 = Yes, 0 = No) | TinyInteger |
| **SuggestTreatmentFlag** | Flag: is "suggest treatment" checked? (1 = Yes, 0 = No) | TinyInteger |

| Field name | Description | Type of value |
|---|---|---|
| **AssumeManagementFlag** | Flag: is "assume management" checked? (1 = Yes, 0 = No) | TinyInteger |
| **CanReferElseWhereFlag** | Flag: is "can refer elsewhere" checked? (1 = Yes, 0 = No) | TinyInteger |
| **CallWhenPatientSeenFlag** | Flag: is "call when patient seen" checked? (1 = Yes, 0 = No) | TinyInteger |
| **CallWhenProcedureFlag** | Flag: is "call when procedure complete" checked? (1 = Yes, 0 = No) | TinyInteger |
| **PrintedOutFlag** | Indicator: was referral letter printed? (1 = Yes, 0 = No) | TinyInteger |
| **IncludeSignatureFlag** | Flag: include caregiver's signature bitmap on the referral? (1 = Yes, 0 = No) | TinyInteger |
| **SelfReferralFlag** | Flag: is this a self-referral? (1 = Yes, 0 = No) | TinyInteger |
| **OrderNoteText** | Referral order note text | VARCHAR(max) |
| **ReviewProviderId** | Identifier on EHR system for provider reviewing referral results | Integer |
| **ReviewProviderName** | Referral - reviewing provider name | VARCHAR(255) |
| **ReviewProviderNPI** | Referral - reviewing provider NPI | VARCHAR(50) |
| **ReviewNoteText** | Referral - review note text | VARCHAR(max) |
| **ReferralComment** | Notes from referral review text | VARCHAR(240) |
| **ReviewedStatus** | Referral review status (1 = not reviewed, 2 = partially reviewed, 3 = reviewed) | VARCHAR(15) |
| **Urgency** | Defines urgency of referral | VARCHAR(255) |
| **InsuranceStatus** | Insurance status of referral | VARCHAR(255) |
| **ReferralStatus** | Referral status | VARCHAR(255) |
| **InternalComment** | Comment on referral text | VARCHAR(max) |
| **ActualCaregiverName** | Referral - name of actual caregiver met by patient | VARCHAR(255) |
| **ActualCaregiverProviderNPI** | Referral - NPI of actual caregiver met by patient | VARCHAR(50) |
| **OrderedForCaregiverName** | Referral - name of caregiver patient was referred for | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **OrderedForCaregiverNPI** | Referral - NPI of caregiver patient was referred for | VARCHAR(50) |
| **RefusedReason** | Referral - reason for patient refusal of referral order | VARCHAR(255) |
| **Diagnosis** | Referral - referred for diagnosis description | VARCHAR(max) |
| **ReviewDate** | Date referral results reviewed | DateTime |
| **CompletionDate** | Date referral marked completed | DateTime |
| **OrderDate** | Referral order date | DateTime |
| **RequiredDate** | Referral appointment required by (for overdue referrals) | DateTime |
| **AppointmentDate** | Referral appointment date and time | DateTime |
| **LastUpdatedDate** | Referral last updated | DateTime |

# Flowsheet

The Flowsheet domain compiles data contained in flow sheets: these are manually entered tabular arrays of data collected about a patient.

## *Filename: FlowsheetDefinitions.json*

**Description**: Presents data stored in flow sheets according to the individually identified flow sheet.
**EHR internal database table name:** FLOWSHEET_DEFINITION
**Primary key:** PatientProgramId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientID** | Patient identifier on EHR system | Integer |
| **FlowSheetId** | Identifier on EHR system for individual flow sheet | Integer |
| **FlowSheetName** | Flow sheet name | VARCHAR(255) |
| **FlowSheetCreatedDate** | Flow sheet created | DateTime |
| **FlowSheetNote** | Flow sheet notes text | VARCHAR(2000) |
| **RowName** | Flow sheet row name | VARCHAR(80) |
| **ColumnName** | Flow sheet column name | VARCHAR(80) |
| **CellText** | Flow sheet cell text | VARCHAR(80) |
| **LastUpdatedDateTime** | Flow sheet cell text last updated | DateTime |
| **ProviderName** | Flow sheet cell text updating provider | VARCHAR(255) |

# Risk Management Program

The Risk Management Program clinical domain compiles information about patient risk scores and programs set up to manage patient risk.

## *Filename: PatientRiskScore.json*

**Description**: Provides information on risk management programs adopted for the patient.
**EHR internal database table name:** PATIENT_RISK_SCORE
**Primary key:** PatientProgramId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientProgramId** | Identifier on EHR system for individual patient risk management program | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **RiskScoreProgramId** | Identifier on EHR system for designated risk score program | Integer |
| **RiskProgramName** | Designated risk score program name | VARCHAR(50) |
| **RiskProgramLevelId** | Identifies risk score program level | Integer |
| **RiskProgramLevelName** | Risk score program level name | VARCHAR(255) |
| **ProviderId** | Identifier on EHR system for provider associated with risk management program | Integer |
| **ProviderNPI** | Risk management program provider NPI | VARCHAR(50) |
| **ProviderName** | Risk management program provider name | VARCHAR(255) |
| **AutoCalculatedFlag** | Flag: Was risk score added automatically by an action from a patient report? (1 = Yes, 0 = No) | Integer |
| **RiskProgramExtraInformation** | Risk program - additional information text | VARCHAR(255) |
| **RiskProgramDescription** | Risk program - description text | VARCHAR(600) |

| Field name | Description | Type of value |
|---|---|---|
| **ProgramType** | Indicator: what is the risk program type? (1 = stratified, 2 = scored) | VARCHAR(15) |
| **LevelDescription** | Risk management program level description | VARCHAR(64) |
| **LevelExtraInformation** | Risk management program level additional information text | VARCHAR(255) |
| **LevelIconScale** | Scale used for risk management program assessments | TinyInteger |
| **RiskLevel** | Indicator: is risk level described using a scale? | VARCHAR(15) |
| **LevelFromRange** | Risk management program: lower bound of risk level range | Numeric(5,2) |
| **LevelToRange** | Risk management program: upper bound of risk level range | Numeric(5,2) |
| **LastUpdatedDate** | Risk management program last updated | DateTime |

# Contact

The Contact clinical domain contains basic information and notes related to all recorded instances of patient contact.

## *Filename: ContactNotes.json*

**Description**: Contains notes about patient contacts according to the associated contact instance.
**EHR internal database table name:** CONTACTCHUNKS
**Primary key:** ContactId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ContactId** | Identifier on EHR system for patient contact instance | Integer |
| **EncounterId** | Identifier on EHR system for patient encounter where contact data was documented | Integer |
| **ContactSection** | EHR Contact screen section (Chief Complaint, Review of Systems, Vitals, History, A&P, Physical Exam) | VARCHAR(255) |
| **ContactDate** | Patient contact date | Datetimeoffset(3) |
| **ProviderId** | Identifier on EHR system for provider initiating patient contact | Integer |
| **ProviderName** | Patient contact initiating provider name | VARCHAR(255) |
| **ProviderNPI** | Patient contact initiating provider NPI | VARCHAR(50) |
| **NoteId** | Identifier on EHR system for individual note associated with patient contact (associated voice or image files will be in the Attachments folder and identified with this NoteId). | Integer |
| **Note** | Patient contact note text | VARCHAR(max) |

## Filename: ContactInformation.json

**Description**: Provides details about patient contacts according to the associated contact instance.
**EHR internal database table name:** CONTACT
**Primary key:** ContactId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ContactId** | Identifier on EHR system for patient contact instance | Integer |
| **EncounterId** | Identifier on EHR system for patient encounter where contact data was documented | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ProviderId** | Identifier on EHR system for provider initiating patient contact | Integer |
| **ProviderName** | Patient contact initiating provider name | VARCHAR(255) |
| **ProviderNPI** | Patient contact initiating provider NPI | VARCHAR(50) |
| **AppointmentId** | Identifier on EHR system for appointment from which patient contact was initiated | Integer |
| **StartDate** | Patient contact start date | Datetimeoffset(3) |
| **EndDate** | Patient contact end date | Datetimeoffset(3) |
| **ContactReason** | Patient contact reason | CHAR(80) |

## Filename: ContactData.json

**Description**: Provides data related to patient contact instances, including examination type or body system observed.
**EHR internal database table name:** CONTACT_DATA
**Primary key:** ContactId

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ContactId** | Identifier on EHR system for patient contact instance | Integer |
| **EncounterId** | Identifier on EHR system for patient encounter where contact data was documented | Integer |
| **EncounterDataType** | Type of encounter data (Review of Systems, Physical Exam) | Varchar(17) |
| **Exam/SystemName** | Name of patient contact exam or system of interest | NVARCHAR(max) |
| **Laterality** | Side of body generating patient contact data | VARCHAR(255) |
| **Status** | Patient contact system/exam status | VARCHAR(15) |
| **Severity** | Patient contact system/exam symptom severity | VARCHAR(6) |
| **Value** | Patient contact numeric value of duration or severity | VARCHAR(10) |
| **Unit** | Patient contact numeric value units | VARCHAR(10) |
| **PersistentFlag** | Flag: is entry persistent? (1 = Yes, 0 = No) | Integer |
| **NoteId** | Identifier on EHR system for individual note associated with patient contact (associated voice or image files will be in the Attachments folder and identified with this NoteId). | Integer |
| **Note** | Patient contact note text | VARCHAR(max) |

# Encounter

The Encounter clinical domain contains basic information on assessments, plans, chart addenda, and other information related to patient encounters.

## *Filename: Encounter.json*

**Description**: Contains details about patient encounters according to the associated encounter.
**EHR internal database table name:** ENCOUNTER
**Primary key:** EncounterId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **EncounterId** | Identifier on EHR system for individual encounter entry | Integer |
| **ProviderId** | Identifier on EHR system for caregiver who created encounter | Integer |
| **ProviderName** | Encounter - creating caregiver name | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **PatientName** | Encounter patient name | VARCHAR(255) |
| **VisitTypeID** | Encounter visit type | Integer |
| **VisitType** | Encounter visit type description | VARCHAR(255) |
| **ChartPulledDateAndTime** | Encounter - chart pull date | Datetimeoffset(3) |
| **AddendumCount** | Number of encounter addendums added | Integer |
| **ChartFiledDateAndTime** | Encounter - latest chart filing date | Datetimeoffset(3) |
| **BillingStatus** | Billing status (R - Waiting, Y - Billed, S - Billed, D - Claim Submitted Electronically) | VARCHAR(30) |
| **BiilingLevel1Code** | Billing level 1 encounter visit CPT code (e.g., 99201 - Office/Outpatient visit) | VARCHAR(5) |

| Field name | Description | Type of value |
|---|---|---|
| **BillModifier1ForBiilingLevel1** | Billing level 1 modifiers, first set | VARCHAR(5) |
| **BillModifier2ForBiilingLevel1** | Billing level 1 modifiers, second set | VARCHAR(5) |
| **BillingLevel1Text** | Billing level 1 description | VARCHAR(2000) |
| **Billing1Description** | Billing level 1 CPT code description | VARCHAR(500) |
| **BiilingLevel2Code** | Billing level 2 encounter visit CPT code (e.g., 99201 - Office/Outpatient visit) | VARCHAR(5) |
| **BillModifier1ForBiilingLevel2** | Billing level 2 modifiers, first set | VARCHAR(5) |
| **BillModifier2ForBiilingLevel2** | Billing level 2 modifiers, second set | VARCHAR(5) |
| **BillingLevel2Text** | Billing level 2 description | VARCHAR(2000) |
| **Billing2Description** | Billing level 2 CPT code description | VARCHAR(500) |
| **DataCollectionDate** | Encounter - collection or data entry date | DateTime |
| **BillingProviderID** | Identifier on EHR system for encounter billing caregiver | Integer |
| **BillingProviderName** | Encounter - billing provider name | VARCHAR(255) |
| **IsReviewed** | Encounter review status | VARCHAR(3) |
| **LocationID** | Identifier on EHR system of encounter creation location | Integer |
| **LocationName** | Encounter creation location name | VARCHAR(100) |
| **SignatureContactID** | Contact code for contact instances requiring a bitmap signature | Integer |
| **Diagnoses** | Encounter diagnoses | VARCHAR(255) |
| **CoSignatureRequested** | Was a co-signature requested for the encounter? | VARCHAR(3) |
| **CoSignedProviderID** | Identifier on EHR system for encounter co-signing caregiver | Integer |
| **CoSignedProviderName** | Encounter co-signing caregiver name | VARCHAR(255) |
| **CoSignedDateAndTime** | Encounter - date co-signed | Datetimeoffset(3) |

| Field name | Description | Type of value |
|---|---|---|
| **IncludeCoSignSignatureBitmapInHP** | Indicator: should co-signer's bitmap signature be included in H&P note? (Yes or No) | VARCHAR(3) |
| **RecordedProviderID** | Identifier on EHR system for caregiver of record for encounter | Integer |
| **RecordedProviderName** | Encounter recorded caregiver name | VARCHAR(255) |
| **ChartCompletedContactID** | Identifier on EHR system for contact instance in which chart was completed and submitted for review | Integer |
| **LastModifiedDate** | Encounter last modified date | Datetimeoffset(3) |

## *Filename: EncounterAssessment.json*

**Description**: Provides details on assessments related to specified encounters.
**EHR internal database table name:** ENCOUNTER_ASSESSMENT
**Primary key:** AssessmentID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **AssessmentID** | Identifier on EHR system for individual encounter assessment | Integer |
| **ContactId** | Identifier on EHR system for contact instance in which encounter assessment was modified | Integer |
| **DiagnosisId** | Identifier on EHR system for encounter assessment diagnosis | Integer |
| **DiagnosisRevision** | Identifier on EHR system for encounter assessment diagnosis revision | Integer |
| **DiagnosisTitle** | Encounter assessment diagnosis title | VARCHAR(240) |
| **DiagnosisCode** | Encounter assessment diagnosis code | VARCHAR(10) |
| **EncounterId** | Identifier on EHR system for encounter associated with assessment | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **SortOrder** | Encounter assessment display order | TINYINT |

## *Filename: EncounterPlan.json*

**Description**: Provides details about plans/orders created based on individual encounter assessments.
**EHR internal database table name:** ENCOUNTER_PLAN
**Primary key:** AssessmentID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **AssessmentID** | Identifier on EHR system for associated individual encounter assessment | Integer |
| **ContactId** | Identifier on EHR system for associated contact instance | Integer |
| **EncounterId** | Identifier on EHR system for individual encounter entry | Integer |
| **ParentPlanID** | Identifier on EHR system for parent plan of assessment plan | Integer |
| **PlanID** | Identifier on EHR system for individual encounter plan | Integer |
| **SortOrder** | Encounter plan display order | TINYINT |
| **Source** | Source of encounter plan | VARCHAR(15) |
| **SourceID** | Identifier on EHR system for individual encounter plan source | Integer |
| **SourceRevision** | Identifier on EHR system for individual revision to encounter plan source | Integer |

## *Filename: EncounterAccompaniedBy.json*

**Description**: Contains information about persons accompanying patient at encounters.
**EHR internal database table name:** ENCOUNTER_ACCOMPANIEDBY
**Primary key:** EncounterId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **ContactId** | Identifier on EHR system for individual encounter instance | Integer |
| **ProviderId** | Identifier on EHR system for encounter caregiver | Integer |
| **ProviderName** | Encounter caregiver name | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **PatientName** | Encounter patient name | VARCHAR(255) |
| **AccompaniedBy** | Name of person accompanying encounter patient | VARCHAR(255) |
| **Comment** | Comments on accompanied patient encounter | VARCHAR(240) |

## *Filename: ChartAddendum.json*

**Description**: Contains details and any text of chart addenda related to patient encounters.
**EHR internal database table name:** CHART_ADDENDUM
**Primary key:** EncounterId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **ProviderId** | Identifier on EHR system for encounter caregiver | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **ProviderName** | Encounter caregiver name | VARCHAR(255) |
| **AddendumDate** | Encounter addendum creation date | Datetimeoffset(3) |
| **AddendumTypeCode** | Encounter addendum type code | Smallint |
| **AddendumTypeText** | Encounter addendum type text | VARCHAR(255) |
| **AddendumtextNoteID** | Identifier on EHR system for individual encounter addendum note | Integer |
| **Addendumtext** | Encounter addendum note text | VARCHAR(max) |

# ReasonForVisit

The Reason For Visit clinical domain compiles data related to the complaints and other reasons that led the patient to see the provider.

## *Filename: HpiDataNotes.json*

**Description**: Contains details and text of HPI (history of present illness) notes related to individual encounters.
**EHR internal database table name:** HpiDataNotes
**Primary key:** RfvDataNoteID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **RfvDataNoteID** | Identifier on EHR system for note on reason for visit | Integer |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **ContactId** | Identifier on EHR system for individual contact instance associated with HPI | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **NoteType** | Note on reason for visit type | Integer |
| **NoteTypeText** | Reason for visit note description text | VARCHAR(255) |
| **NoteText** | Reason for visit note text | VARCHAR(max) |

## *Filename: HpiData.json*

**Description**: Provides HPI-related details.
**EHR internal database table name:** HpiData
**Primary key:** RfvDataID

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **RfvDataID** | Identifier on EHR system for reason for visit data | Integer |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **ContactId** | Identifier on EHR system for associated individual contact instance | Integer |
| **ProviderIDx** | Identifier on EHR system for associated caregiver | Integer |
| **ProviderName** | Name of caregiver supplying illness history | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **TitleText** | Title of complaint in illness history | VARCHAR(255) |
| **PositiveText** | Display text in History and Physical if positive entry selected | VARCHAR(100) |
| **Status** | Illness history knowledge status code (0 = disabled, 1 = enabled, 2 = archived, 9 = invalid) | Smallint |
| **StatusText** | Illness history status text | VARCHAR(8) |
| **Ranking** | Selected illness history ranking value | Integer |
| **EncounterTypeValue** | Illness history - complaint type | Integer |
| **IsFollowUp** | Flag: is this a follow-up complaint? (Yes/No) | VARCHAR(3) |
| **IsFreeText** | Flag: is this a free text complaint? (Yes/No) | VARCHAR(3) |
| **IsChiefComplaint** | Flag: is this the chief complaint? (Yes/No) | VARCHAR(3) |
| **IsRecheck** | Flag: is recheck flag switched on? (Yes/No) | VARCHAR(3) |
| **FirstLine** | Complaint first line | VARCHAR(2000) |
| **ComplaintText** | Complaint full text | VARCHAR(8000) |

# Immunization

The Immunization clinical domain compiles data about the patient's vaccinations.

## *Filename: ImmunizationRecord.json*

**Description**: Contains details from the patient's immunization records, including individual immunization dates and types and providers administering immunizations.
**EHR internal database table name:** IMMUNIZATION_RECORD
**Primary key:** ImmunizationRecordID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ImmunizationRecordID** | Identifier on EHR system for individual immunization record | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **StatusCode** | Indicator: immunization status (0=Undefined; 1=Ordered; 2=Preliminary; 3=Pending; 4=Complete; 9=Erroneous) | TINYINT |
| **DocumentedDate** | Immunization record entry date | Datetimeoffset(3) |
| **CompletedDate** | Immunization completed date | Datetimeoffset(3) |
| **CompletedProviderId** | Identifier on EHR system for caregiver who completed immunization | Integer |
| **CompletedProviderName** | Caregiver name who completed immunization | VARCHAR(255) |
| **NotAdministeredReason** | Reason immunization was not administered (0=Given or N/A; 1=Documented Immunity/titer; 2= Patient Condition; 3=Family Member Condition; 4= Parent/Guardian Waiver) | VARCHAR(255) |
| **ContraIndicationText** | Reason immunization contraindicated text | VARCHAR(255) |
| **VaccineGivenDate** | Immunization given date | Datetimeoffset(3) |

| Field name | Description | Type of value |
|---|---|---|
| **VaccineGivenDateFormat** | Immunization given date format (such as MM/DD/YYYY) | VARCHAR(255) |
| **AdministeredByProviderID** | Identifier on EHR system for caregiver who administered immunization | Integer |
| **AdministeredByProviderName** | Caregiver name who administered immunization | VARCHAR(255) |
| **VaccinationComments** | Immunization record comment text | VARCHAR(2000) |
| **VaccinationCPTCode** | Vaccination - associated CPT code | VARCHAR(5) |
| **VaccinationHCPCSCode** | Vaccination - associated HCPCS code | VARCHAR(10) |
| **VaccineName** | Vaccine name | VARCHAR(50) |
| **VaccineCommonName** | Vaccine - commonly used name | VARCHAR(255) |
| **DoseValue** | Vaccine dose | VARCHAR |
| **DoseUnits** | Vaccine dosage units | VARCHAR(10) |
| **AdministeredRoute** | Vaccine injection route | VARCHAR(255) |
| **AdministeredSite** | Vaccine injection body site | VARCHAR(255) |
| **ManufacturerMVXCode** | Vaccine - MVX code of manufacturer | VARCHAR(3) |
| **ManufacturerName** | Vaccine - manufacturer name | VARCHAR(255) |
| **VaccineLotNumber** | Vaccine - lot number | VARCHAR(30) |
| **VaccineExpirationDate** | Vaccine - expiration date | Date |
| **PositivelyIdentifiedForVaccineFlag** | Flag: was vaccinated patient positively identified? (1 = Yes, 0 = No) | TINYINT |
| **HistoryDocumentationFlag** | Flag: is this a historical entry for previously administered immunization? (1 = Yes, 0 = No) | TINYINT |
| **VaccineEligibility** | Patient vaccine eligibility | VARCHAR(255) |
| **ReminderContactCode** | Code identifying the contact who receives immunization reminders for patient | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **ReminderContactSource** | Contact who receives immunization reminders for patient (For example: Self, Guarantor, Mother, Father) | VARCHAR(20) |
| **FundingSource** | Immunization funding source | VARCHAR(255) |
| **AdverseReactionDocumented** | Immunization adverse reaction documented | VARCHAR(5) |
| **DrugUsed** | Vaccination drug information | VARCHAR(240) |
| **DrugNDC** | Vaccination inventory NDC value | VARCHAR(15) |
| **HistoryRecordFacilityName** | Vaccination - historical entry administering facility | VARCHAR(100) |

## *Filename: ImmunizationVIS.json*

**Description**: Provides information on VIS (vaccine information statements) provided to the patient, according to immunization record.
**EHR internal database table name:** IMMUNIZATION_RECORD_VIS
**Primary key:** ImmRecVISID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ImmRecVISID** | Vaccination - Identifier on EHR system for VIS used | Integer |
| **ImmunizationRecordID** | Identifier on EHR system for associated immunization record | Integer |
| **VISName** | Vaccination - name of VIS used | VARCHAR(255) |
| **VISPresentedDate** | Vaccination - date VIS presented to patient | DateTime |

## *Filename: ImmunizationForecast.json*

**Description**: Provides details on the patient's immunization schedules.
**EHR internal database table name:** IMMUNIZATIONS_FORECAST
**Primary key:** ImmunizationForecastID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ImmunizationForecastID** | Identifier on EHR system for entry in Immunization Forecast | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **VaccineCVXCode** | Immunization Forecast - vaccine CVX code | VARCHAR(3) |
| **VaccineName** | Immunization Forecast - vaccine name | VARCHAR(50) |
| **VaccineScheduleTypeUsed** | Immunization Forecast - schedule type (e.g., ACIP) | VARCHAR(20) |
| **NextScheduleDate** | Vaccination - next scheduled date | Date |
| **EarliestScheduleDate** | Vaccination - earliest possible schedule date | Date |
| **OverdueScheduleDate** | Vaccination - overdue scheduled date | Date |

## *Filename: ImmunizationAddendum.json*

**Description**: Provides details and associated text for addenda to the patient's immunization records.
**EHR internal database table name:** IMMREC_ADDENDUM
**Primary key:** ImmRecAddendumID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **ImmRecAddendumID** | Identifier on EHR system for immunization record addendum | Integer |
| **ImmunizationRecordID** | Identifier on EHR system for associated immunization record | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **AddendumDate** | Immunization record addendum entry date | Datetimeoffset(3) |
| **AddendumAddedByCaregiverID** | Identifier on EHR system for caregiver entering immunization record addendum | Integer |
| **AddendumAddedByCaregiverName** | Name of caregiver providing immunization record addendum | VARCHAR(255) |
| **AddendumNoteID** | Identifier on EHR system for individual immunization record addendum note | Integer |
| **AddendumAdverseReactionFlag** | Flag: does immunization record addendum record adverse reaction? (1 = Yes, 0 = No) | Smallint |
| **AdverseReactionDetails** | Immunization record addendum - adverse reaction details | VARCHAR(255) |
| **VaccineDrugName** | Immunization record addendum - vaccine drug information | VARCHAR(240) |
| **AddendumUsedForSeriesChange** | Immunization record addendum used for change in vaccine series number | Smallint |
| **AddendumSeriesCountValue** | Immunization record addendum series count value | VARCHAR(255) |
| **AddendumNoteText** | Immunization record addendum note text | VARCHAR(max) |

# Message

The Message clinical domain contains information about messages sent to, and associated with, the patient.

## *Filename: SavedMessageResults.json*

**Description**: Contains details on result messages provided to the patient.
**EHR internal database table name:** MESSAGE_RESULT_SAVED
**Primary key:** MessageResultId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **MessageResultId** | Identifier on EHR system for individual message result record | Integer |
| **MessageId** | Identifier on EHR system for individual result message | Integer |
| **Source** | Result message - order source (PROCEDURE, ADDITIONAL, REFERRAL, or LABORATORY) | VARCHAR(15) |
| **SourceID** | Result message - identifier for order source | Integer |
| **SourceName** | Result message - order source name | VARCHAR(255) |
| **ResultId** | Result message - identifier for individual result | Integer |
| **ResultName** | Result message - name of associated result | VARCHAR(255) |

## *Filename: SavedMessages.json*

**Description**: Contains details, including associated text, of messages exchanged about a patient on the EHR system and saved to the patient's chart.
**EHR internal database table name:** MESSAGE_SAVED
**Primary key:** MessageCode

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **MessageCode** | Identifier on EHR system for individual message | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **MessageType** | Message - message type (e.g., Mail Message, Patient Message) | VARCHAR(255) |
| **MessageSubject** | Message subject | VARCHAR(255) |
| **MessageNoteText** | Message note text | VARCHAR(max) |
| **Source** | Message - order source (PROCEDURE, ADDITIONAL, REFERRAL, or LABORATORY) | VARCHAR(15) |
| **SourceName** | Message - order source name | VARCHAR(255) |
| **MedicationId** | Message - identifier on EHR system for associated medication | Integer |
| **DrugName** | Message - associated medication name | VARCHAR(255) |
| **MessageFromProviderId** | Message - identifier on EHR system for sending provider | Integer |
| **MessageFromProviderName** | Message - sending provider name | VARCHAR(255) |
| **MessageToProviderId** | Message - identifier on EHR system for receiving provider | Integer |
| **MessageToProviderName** | Message - receiving provider name | VARCHAR(255) |
| **MessageCCProviderId** | Message -identifier on EHR system for CC'd receiving provider | Integer |
| **MessageCCProviderName** | Message - CC'd receiving provider name | VARCHAR(255) |
| **MessagePriority** | Message - priority | VARCHAR(255) |
| **MessageReadFlag** | Flag: has message been read? (Yes/No) | VARCHAR(15) |
| **MessageViewedFlag** | Flag: has message been viewed? (Yes/No) | VARCHAR(15) |
| **MessageCompletedFlag** | Flag: has message been completed? (Yes/No) | VARCHAR(15) |

| Field name | Description | Type of value |
|---|---|---|
| **MessagePrivacyFlag** | Flag: can only the entering provider read message? (Yes/No) | VARCHAR(15) |
| **MessageChartSaved** | Flag: has the chart referenced in message been saved? (Yes/No) | VARCHAR(15) |
| **MessageChartReadOnly** | Flag: is the chart referenced in message read only? (Yes/No) | VARCHAR(15) |
| **CarrierCode** | Identifies insurance carrier associated with message | Integer |
| **CarrierName** | Insurance carrier name associated with message | VARCHAR(255) |
| **MessagePharmacyName** | Pharmacy name associated with message, if manually entered | VARCHAR(255) |
| **StapleEncounterId** | Message - identifier on EHR system for stapled encounter on EHR system | Integer |
| **MessageToAddressees** | Message - list of To: addresses | VARCHAR(2000) |
| **MessageCCAddressees** | Message - list of CC: addresses | VARCHAR(2000) |
| **InstitutionCode** | Message - identifies institution (in- or out-of-clinic pharmacy) associated with message | Integer |
| **InstitutionCodeMail** | Message - code for individual mail order pharmacy | Integer |
| **InstituteName** | Message - name of institution (in- or out-of-clinic pharmacy) associated with message | VARCHAR(255) |
| **MessagePharmacyNameMail** | Pharmacy name associated with message, if manually entered | VARCHAR(200) |
| **AssociatedERXMessageId** | Identifier on EHR system for associated individual ERX message | VARCHAR(255) |
| **ERXMessageType** | Associated eRx message type | VARCHAR(255) |
| **ERXMessageStatus** | Associated eRx message status | VARCHAR(255) |
| **AssociatedPHIRequestId** | Identifier on EHR system for PHI request associated with message | Integer |
| **PHIRequesterName** | PHI request name associated with message | VARCHAR(15) |
| **MessageChangeReason** | Message - erroneous message/message reason change | VARCHAR(255) |
| **AdviceProvidedFlag** | Flag: did message provide clinical advice? (Yes/No) | VARCHAR(15) |

| Field name | Description | Type of value |
|---|---|---|
| **CCPatientFlag** | Flag: was patient cc'd? (Yes/No) | VARCHAR(15) |
| **MessageTransactionDate** | Message - transaction date | DateTime |
| **MessageHistoricalDate** | Message - saved date | DateTime |
| **AdviceRequestDate** | Message - date clinical advice requested | DateTime |
| **AdviceResponseDate** | Message - date clinical advice provided | DateTime |

## *Filename: SavedWebMessages.json*

**Description**: Contains details, including associated text, of messages sent to and received from the patient via a patient portal and saved to the patient's chart.
**EHR internal database table name:** WEBMESSAGE_SAVED
**Primary key:** WebMessageId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **WebMessageId** | Identifier on EHR system for individual web message | Integer |
| **Subject** | Web message subject | VARCHAR(255) |
| **BodyText** | Web message body text | VARCHAR(max) |
| **MessagePriority** | Web message priority | VARCHAR(15) |
| **ProviderId** | Identifier on EHR system for provider sending or receiving web message | Integer |
| **ProviderNPI** | Web message - sending or receiving provider NPI | VARCHAR(255) |
| **ProviderName** | Web message - sending or receiving provider Name | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **MessageCode** | Web message - message code (M-Message, D-Demographic, PR-Prescription Refill, I-Insurance, A-Appointment) | VARCHAR(2) |
| **StapleEncounterId** | Web message - identifier on EHR system for stapled encounter | Integer |
| **WPAAccountId** | Web message - identifier on EHR system for associated patient web patient access account | Integer |
| **MessageType** | Type of web message - (1-Message sent from provider to patient, 2-Message sent from patient to provider) | VARCHAR(255) |
| **DirectMessageFlag** | Flag: is message direct to patient? (Yes/No) | VARCHAR(5) |
| **AdviceProvidedFlag** | Flag: did web message provide clinical advice? (Yes/No) | VARCHAR(5) |
| **AttachmentName** | Web message - name of attached file outbound to patient or GUID of related file inbound from patient | VARCHAR(255) |
| **AttachmentType** | Web message - outbound to patient attached file type (FMHAV for files inbound from patient for access via FMH file viewer) | VARCHAR(5) |
| **LastUpdatedDate** | Web message - last modified date | DateTime |
| **AdviceRequestDate** | Web message - date clinical advice requested | DateTime |
| **AdviceResponseDate** | Web message - date clinical advice provided | DateTime |

# Questionnaire

The Questionnaire clinical domain compiles data about questionnaires administered to the patient and the responses given.

## *Filename: QuestionnaireRecords.json*

**Description**: Contains details about questionnaires administered to the patient.
**EHR internal database table name:** QNS_RECORD
**Primary key:** QuestionnaireRecordID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **QuestionnaireRecordID** | Identifier on EHR system for individual questionnaire record | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **QuestionnaireName** | Questionnaire name | VARCHAR |
| **AppointmentDate** | Date of appointment associated with questionnaire | DateTime |
| **SubmittedBy** | Questionnaire - person submitting | VARCHAR |
| **ApprovedProviderID** | Identifier on EHR system of provider approving questionnaire | DateTime |
| **ApprovedProviderName** | Name of provider approving questionnaire | DateTime |
| **Status** | Questionnaire record current status | VARCHAR |

## *Filename: QuestionnaireRecordResult.json*

**Description**: Provides details about questionnaire results.
**EHR internal database table name:** QNS_RECORD_RESULT
**Primary key:** QuestionnaireRecordID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **QuestionnaireRecordID** | Identifier on EHR system for individual questionnaire record | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **ResultText** | Questionnaire result text | VARCHAR |
| **ResultValue** | Questionnaire result value | VARCHAR |
| **ResultValueText** | Questionnaire result score, with value included | VARCHAR |
| **SeverityLevel** | Questionnaire result severity text | VARCHAR |

## *Filename: QuestionnaireRecordQuestionAnswer.json*

**Description**: Lists questions from questionnaires adminstered to the patient and patient answers and additional comments.
**EHR internal database table name:** QNS_RECORD_QUES_ANS
**Primary key:** QuestionnaireRecordID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **QuestionnaireRecordID** | Identifier on EHR system for individual questionnaire record | Integer |
| **Question** | Questionnaire question | VARCHAR |
| **Answer** | Questionnaire patient answer | VARCHAR |
| **TextAndComments** | Questionnaire patient answer text and additiona patient comments | VARCHAR |

# Care Plans

The Care Plans clinical domain compiles information pertaining to patient care plans and patient goals.

## *Filename: PatientCarePlans.json*

**Description**: Contains details on care plans adopted to the patient, by associated care plan.
**EHR internal database table name:** CP_PATIENT_CAREPLAN
**Primary key:** CarePlanId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **CarePlanId** | Identifier on EHR system for individual care plan | Integer |
| **Title** | Care plan description | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **CaregiverID** | Identifier on EHR system for caregiver who created care plan | Integer |
| **CaregiverName** | Caregiver name who created care plan | VARCHAR(255) |
| **SequenceNo** | Care plan sort order | Integer |
| **StatusText** | Care plan status description (for Follow My Health care plans = status of first Achieve Goal | VARCHAR(30) |
| **CarePlanType** | Application that created care plan (VEHR, FMH, Community) | VARCHAR(10) |

## *Filename: PatientHealthConcerns.json*

**Description**: Provides details on the health concerns related to individual care plans.
**EHR internal database table name:** CP_PATIENT_HC_DETAILS
**Primary key:** HealthConcernId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **HealthConcernId** | Identifier on EHR system for individual health concerns/supporting detail | Integer |
| **HealthConcernText** | Health concern/supporting detail description text | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **CarePlanId** | Identifier on EHR system for individual care plan associated with health concern | Integer |
| **Source** | Source in which item is identified as health concern (e.g., HX_DIAGNOSIS, DX, VITAL, HX_IMPLANTABLE_DEVICE; FREETEXT for free text entry) | VARCHAR(25) |
| **SourceID** | Identifier on EHR system for item in Source field | Integer |
| **StatusCode** | Health concern status code | Integer |
| **StatusText** | Health concern status description | VARCHAR(30) |
| **CaregiverID** | Identifier on EHR system for caregiver who created health concern | Integer |
| **CaregiverName** | Caregiver name who created health concern | VARCHAR(255) |
| **ParentHealthConcernId** | Identifier on EHR system for health concern parent | Integer |
| **ParentHealthConcernText** | Parent health concern description | VARCHAR(255) |
| **SequenceNo** | Health concern sort order in care plan/Supporting detail sort order in health concern | Integer |
| **IsSupportingDetails** | Indicator: Is item a supporting detail rather than a health concern? (Yes or No) | VARCHAR(3) |

## *Filename: PatientCarePlanEncounters.json*

**Description**: Provides details on patient encounters related to administering the care plan.
**EHR internal database table name:** PATIENT_CAREPLAN_ENCOUNTER
**Primary key:** CarePlanId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **CarePlanId** | Identifier on EHR system for individual care plan | Integer |
| **CarePlanTitle** | Care plan description | VARCHAR(255) |
| **EncounterId** | Identifier on EHR system for encounter | Integer |
| **PatientID** | Patient identifier on EHR system | Integer |
| **IncludeInHP** | How is care plan incorporated in the H&P Report of associated encounter? (none, brief, detailed) | VARCHAR(10) |

## *Filename: PatientGoals.json*

**Description**: Provides details on patient health goals and the associated care plans.
**EHR internal database table name:** PATIENT_GOAL
**Primary key:** GoalID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **GoalID** | Identifier on EHR system for individual patient goal | Integer |
| **GoalText** | Patient goal description | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **CarePlanId** | Identifies care plan on EHR system associated with goal | Integer |
| **CarePlanTitle** | Care plan description | VARCHAR(255) |
| **StatusCode** | Patient goal status code | Integer |
| **StatusText** | Patient goal status description | VARCHAR(30) |
| **SequenceNo** | Patient goal sort order | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **CaregiverID** | Identifier on EHR system for caregiver creating patient goal | Integer |
| **CaregiverName** | Caregiver name creating patient goal | VARCHAR(255) |
| **PatientEngagement** | Patient goal patient engagement description | VARCHAR(50) |
| **Archived** | Indicator: Has this care plan goal been archived? (Yes or No) | VARCHAR(3) |
| **GoalOwner** | Owner of patient goal | VARCHAR(30) |
| **GoalStartDate** | Patient goal start date | DateTime |
| **GoalEndDate** | Patient goal end date | DateTime |
| **GoalValue** | Patient goal value | VARCHAR(50) |
| **GoalUnit** | Patient goal value units | VARCHAR(50) |
| **GoalOutcomeNotes** | Patient goal outcome | VARCHAR(max) |

## *Filename: PatientAchieveGoals.json*

**Description**: Provides details on FollowMyHealth Achieve goals and the associated care plans.
**EHR internal database table name:** PATIENT_ACHIEVE_GOAL
**Primary key:** GoalID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **GoalID** | Identifier on EHR system for individual patient goal | Integer |
| **GoalText** | Patient goal description | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **CarePlanId** | Identifier on EHR system for care plan associated with goal | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **CarePlanTitle** | Associated care plan description | VARCHAR(255) |
| **StatusCode** | Patient goal status code | Integer |
| **StatusText** | Patient goal status description | VARCHAR(30) |
| **SequenceNo** | Patient goal sort order | Integer |
| **CaregiverID** | Identifier on EHR system for caregiver creating goal | Integer |
| **CaregiverName** | Patient goal - creating caregiver name | VARCHAR(255) |
| **Archived** | Indicator: Has this care plan goal been archived? (Yes or No) | VARCHAR(3) |

## *Filename: PatientGoalBarriers.json*

**Description**: Provides details on potential barriers to achieving patient health goals.
**EHR internal database table name:** PATIENT_GOAL_BARRIER
**Primary key:** SequenceNo

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **SequenceNo** | Barrier sort order | Integer |
| **BarrierText** | Description of patient goal barrier | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **GoalID** | Identifier for individual patient goal on EHR system | Integer |
| **GoalText** | Description of goal associated with barrier | VARCHAR(255) |

# *Filename: PatientGoalPlans.json*

**Description**: Provides details on plans related to achieving patient health goals, including plan descriptions and progress.
**EHR internal database table name:** PATIENT_GOAL_PLAN
**Primary key:** PlanID

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PlanID** | Identifier on EHR system for plan associated with goal | Integer |
| **PlanText** | Associated goal plan description | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **GoalID** | Identifier on EHR system for individual patient goal | Integer |
| **GoalText** | Patient goal description | VARCHAR(255) |
| **PlanProgress** | Patient goal plan progress | VARCHAR(30) |
| **SequenceNo** | Patient goal plan sort order | Integer |
| **Comments** | Goal plan comments text | VARCHAR(2000) |
| **CaregiverID** | Identifier on EHR system for caregiver creating patient goal plan | Integer |
| **CaregiverName** | Patient goal plan - creating caregiver name | VARCHAR(255) |
| **Archived** | Indicator: Has this goal plan been archived? (Yes or No) | VARCHAR(3) |
| **Source** | Source in which item is included as a patient goal plan (e.g., HX_DIAGNOSIS, DX, VITAL, HX_IMPLANTABLE_DEVICE; FREETEXT for free text entry) | VARCHAR(25) |
| **SourceID** | Identifier on EHR system for source in Source field | Integer |

# *Filename: PatientGoalPlanBarriers.json*

**Description**: Provides details on potential barriers to implementing health goal plans.
**EHR internal database table name:** PATIENT_GOAL_PLAN_BARRIER
**Primary key:** SequenceNo

## Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **SequenceNo** | Goal plan barrier sort order | Integer |
| **BarrierText** | Goal plan barrier description text | VARCHAR(255) |
| **PatientID** | Patient identifier on EHR system | Integer |
| **PlanID** | Identifier for individual patient goal plan on EHR system | Integer |
| **PlanText** | Associated goal plan description | VARCHAR(255) |

# Discrete data: Additional .json files

As indicated previously, the remaining four .json files are not specific to a clinical domain:

- NotesAndAttachmentDetails.json
- ScannedDocuments.json
- Transcriptions.json
- ChartAttachments.json

Their discrete data provides context for the image and document files in the three top-level folders Attachments, Scanned Documents, and Transcriptions.

Each of the following tables defines the database fields used in one of the four .json files. In every table, at least one field provides an ID of the image or document file being described. Use that ID to find the file in the applicable top-level folder.

## *Filename: NoteAndAttachmentDetails.json*

**Description**: Contains basic information about the images and other document files in the top-level Attachments folder.
**EHR internal database table name:** NOTES_RAWDATA
**Primary key:** NoteId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **NoteId** | ID of file. Use this ID to find the file in the top-level Attachments folder; the ID will prefix the file name. | Integer |
| **NoteType** | Type of file (2 = graphics, 4 = dictation, 8 = other type of file attachment) | Smallint |
| **NoteFormat** | Extension of the file | VARCHAR(5) |
| **NoteLocation** | Location of file | VARCHAR(255) |
| **NoteSubject** | Subject of file | VARCHAR(80) |

| Field name | Description | Type of value |
|---|---|---|
| **NoteText** | Text of note associated with file | VARCHAR(max) |

## *Filename: ScannedDocuments.json*

**Description**: Contains information about documents scanned into the EHR for the patient. The actual documents are in the top-level Scanned Documents folder.
**EHR internal database table name:** SCAN_DOCUMENT
**Primary key:** DocumentId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **DocumentID** | ID of scanned document. Use this ID to find the document in the top-level Scanned Documents folder; the ID will prefix the file name. | Integer |
| **DocumentTypeId** | ID of the document type | Integer |
| **Description** | Description of document type | VARCHAR(255) |
| **Status** | Status of document | VARCHAR(60) |
| **ScanStatusCode** | ID of document scanning status | Integer |
| **ScanStatus** | Description of scanning status | VARCHAR(60) |
| **NeedsReview** | Indicator: Needs review by an authorized caregiver? (N = No, Y = Yes) | Char(1) |
| **MessageId** | ID of message associated with document (if submitted for review) | Integer |
| **MessageSubject** | Subject of review submission message | VARCHAR(255) |
| **SubmitDate** | Date of review submission | Datetimeoffset(3) |
| **DocumentDate** | Date document was scanned into EHR | Date |
| **Comments** | Scanning comments | VARCHAR(max) |

| Field name | Description | Type of value |
|---|---|---|
| **PatientID** | Patient identifier on EHR system | Integer |
| **PageId** | ID of document page | Integer |
| **ArchivedFlag** | Flag: Is the document archived? (1 = Yes, 0 = No) | Char(1) |
| **FileLocation** | Location of document | VARCHAR(300) |
| **PageNumber** | Page number | Smallint |
| **TagCode** | ID of tag associated with document | Integer |
| **TagDescription** | Description of tag associated with document | VARCHAR(60) |
| **Title** | Title of document | VARCHAR(60) |
| **ApproveDatetime** | Date document was approved | Datetimeoffset(3) |
| **LastModifiedDate** | Date document was last updated | Datetimeoffset(3) |

## *Filename: Transcriptions.json*

**Description**: Contains information about transcriptions associated with the patient chart. The actual transcriptions (.rtf files) are in the top-level Transciptions folder.
**EHR internal database table name:** TRANSCRIPTION
**Primary key:** TranscriptionId

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **TranscriptionId** | ID of transcription. Use this ID to find the transcription in the top-level Transcriptions folder; the ID will prefix the file name. | Integer |
| **TranscriberId** | ID of transcriber | Integer |
| **TranscriberName** | Name of transcriber | VARCHAR(255) |

| Field name | Description | Type of value |
|---|---|---|
| **TranscribedDate** | Date transcription was created | Datetimeoffset(3) |
| **StatusCode** | Code for transcription status (4 = Approved) | Integer |
| **DictatedDate** | Date of dictation | Date |
| **PatientID** | Patient identifier on EHR system | Integer |
| **EncounterId** | ID of encounter associated with transcription | Integer |
| **DataType** | Type of transcription data | VARCHAR(255) |
| **Data** | Location of transcription file | VARCHAR(255) |
| **ProviderId** | ID of provider whose dictation was transcribed | Integer |
| **ProviderName** | Name of provider whose dictation was transcribed | VARCHAR(255) |
| **DocumentTypeId** | ID of document type used to categorize transcription | Integer |
| **DocumentType** | Document type used to categorize a general transcription | VARCHAR(255) |
| **Comments** | Comments about transcription | VARCHAR(2000) |
| **ApprovalProviderId** | ID of provider who approved transcription | Integer |
| **ApprovalDate** | Date transcription was approved | Datetimeoffset(3) |
| **ApprovalProviderName** | Name of provider who approved transcription | VARCHAR(255) |
| **MessageId** | ID of message entered when transcription was submitted for review | Integer |
| **LocationID** | ID of practice location where transcription was created | Integer |
| **Location** | Name of practice location where transcription was created | VARCHAR(255) |
| **TranscriptionType** | Type of transcription (General or SOAP) | VARCHAR(255) |
| **NoteId** | ID of note associated with transcription. If transcription includes voice notes, the audio file will be in the top-level Attachments folder with this ID at the beginning of the file name. | Integer |

| Field name | Description | Type of value |
|---|---|---|
| **NoteText** | Text of note associated with transcription | VARCHAR(255) |
| **EncounterDate** | Date of encounter associated with transcription | Date |

## *Filename: ChartAttachments.json*

**Description**: Contains information about chart attachments, most of which include files in the top-level Attachments folder. (Chart attachments can also consist entirely of text entered directly into the EHR. These instances are rare, however.)

**EHR internal database table name:** CHARTATTACHMENT

**Primary key:** PatientID

### Field Definitions

| Field name | Description | Type of value |
|---|---|---|
| **PatientID** | Patient identifier on EHR system | Integer |
| **ProviderId** | ID of attachment creator | Integer |
| **ProviderName** | Name of attachment creator | VARCHAR(255) |
| **ProviderNPI** | NPI of attachment creator | VARCHAR(50) |
| **NoteId** | ID of note associated with chart attachment. If chart attachment includes an image or other document, that file will be in the top-level Attachments folder with this ID at the beginning of the file name. | Integer |
| **NoteText** | Text of note associated with chart attachment | VARCHAR(max) |
| **NoteType** | Type of note | VARCHAR(max) |
| **AttachmentDate** | Date the attachment was added to chart | Datetimeoffset(3) |
| **DocumentType** | Document type used to categorize chart attachment | VARCHAR(255) |
| **LastUpdatedDate** | Date the chart attachment was last updated | Datetimeoffset(3) |

| Field name | Description | Type of value |
|---|---|---|
| **ReasonForChange** | Text about change made in attachment details | VARCHAR(255) |
| **ChartSubject** | Subject of chart attachment | VARCHAR(80) |
| **LOINCCode** | LOINC associated with document type | VARCHAR(14) |
| **OriginationDate** | Date of the document that constitutes the chart attachment | Date |
| **ImageOrTextFlag** | Indicator: Is chart attachment associated with an image or annotation? (1 = Yes, 0 = No) | Char(1) |
| **Source** | Source for mapping the attachment to patient chart (values can be ENCOUNTER, PROCEDURE, PLAN, or EPHI IMPORT) | VARCHAR(20) |
| **SourceID** | ID of the source | Integer |