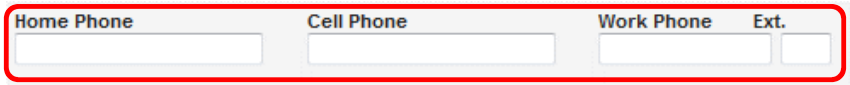
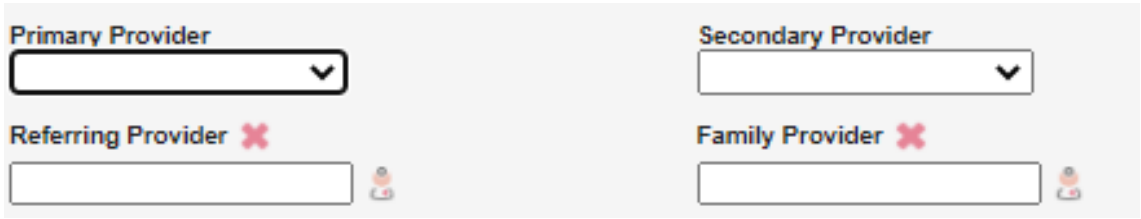
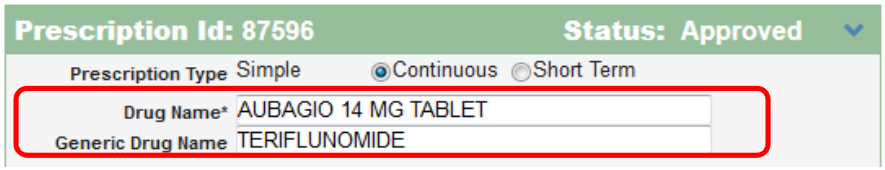
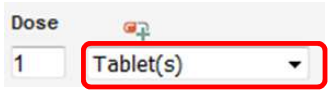
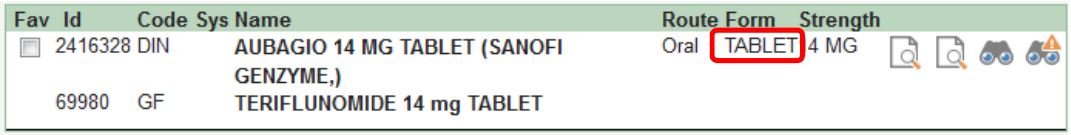
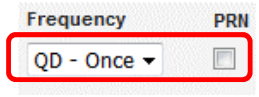
eDOCSNL

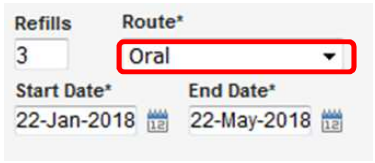
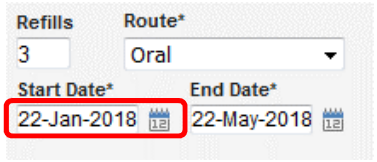
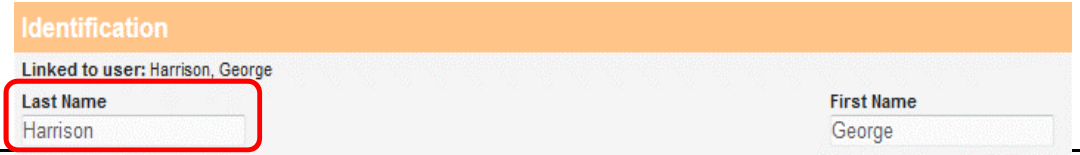
ELECTRONIC MEDICAL RECORD

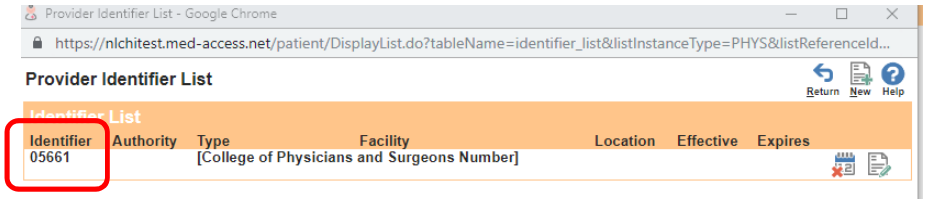
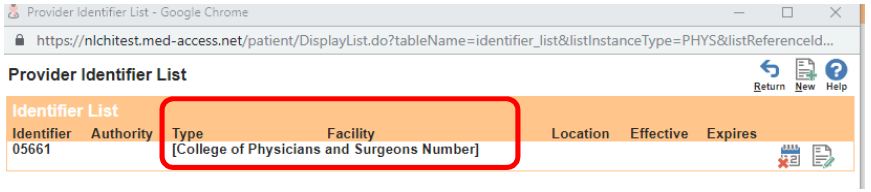
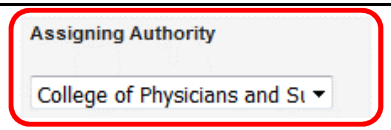
eDOCSNL/NLCHI Data Warehouse Approved Med Access Data Elements for Secondary Use

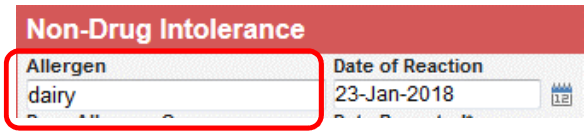
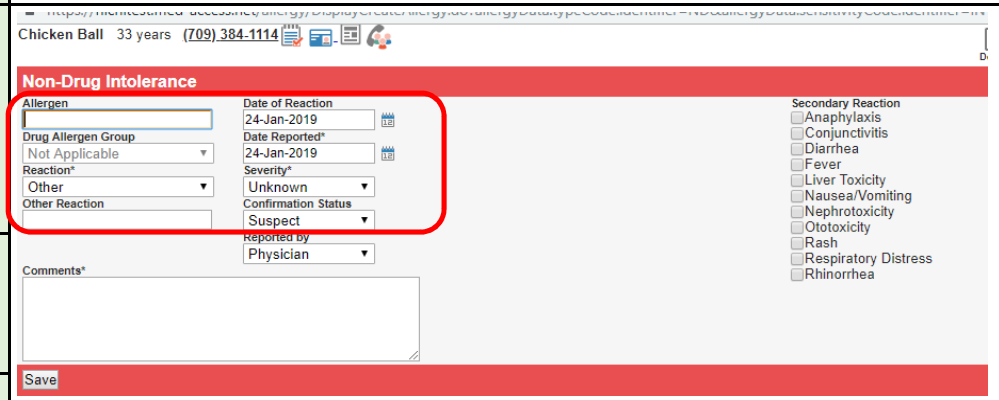
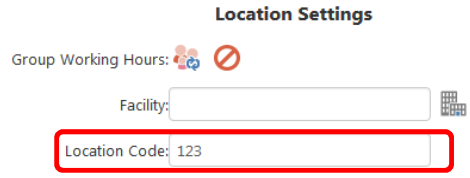
ID	Discrete Element	Med Access Source Location
.	PATIENT	
1	Primary Identifier	Fields: Primary Identifier Number 
2	Primary Identifier Type 'Group'	Fields: Primary Identifier Type 'Group' 
3	Patient Status	Fields: Status 
4	Client Street Address	Fields: Address 
5	Client City/Town	Fields: City 

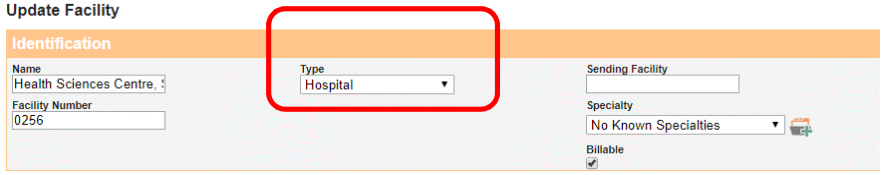
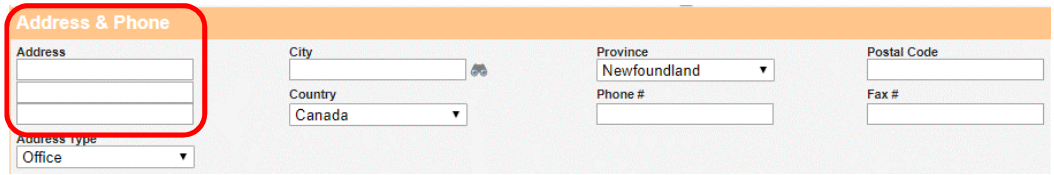
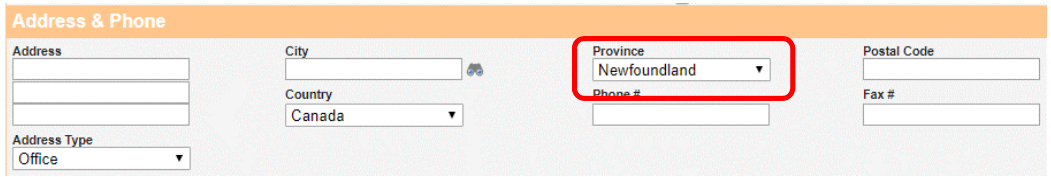
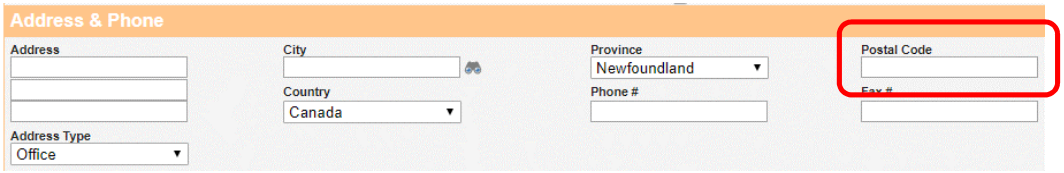
6	Client Province	**Fields: Province** 
7	Client Postal Code	**Fields: Postal Code** 
8	Emergency Contact First Name	**Fields: First Name** 
9	Emergency Contact Last Name	**Fields: Last Name** 
10	Emergency Contact Telephone	**Fields: Either Home Phone, Cell Phone, or Work Phone.** 
11	Primary Provider	
12	Secondary Provider	

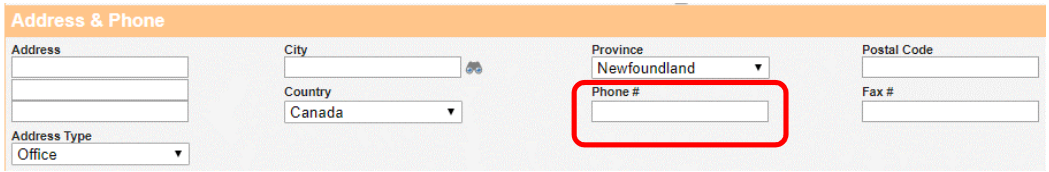
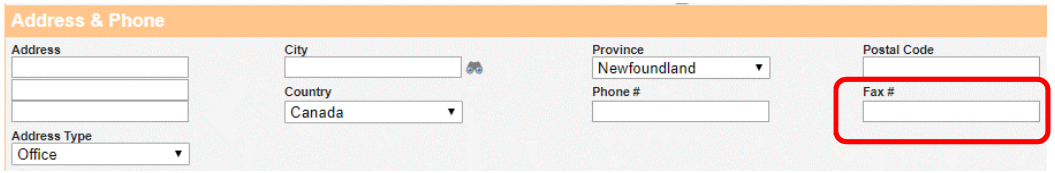
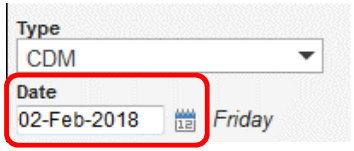
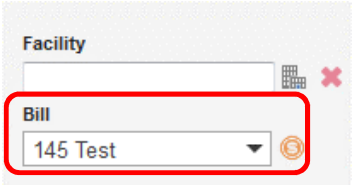
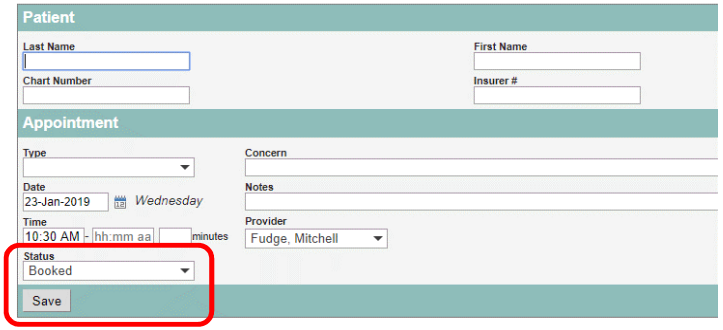
13	Family Provider	
14	Referring provider	
.	PRESCRIBED MEDICATIONS	
15	Medication Prescribed Name	Fields: Drug Name and Generic Drug Name 
16	Medication Dosage	Fields: Dose 
17	Medication Dosage Unit of Measure	Fields: Dose 
18	Medication Form	Fields: Form 
19	Medication Frequency	Fields: Frequency and PRN (when necessary) 

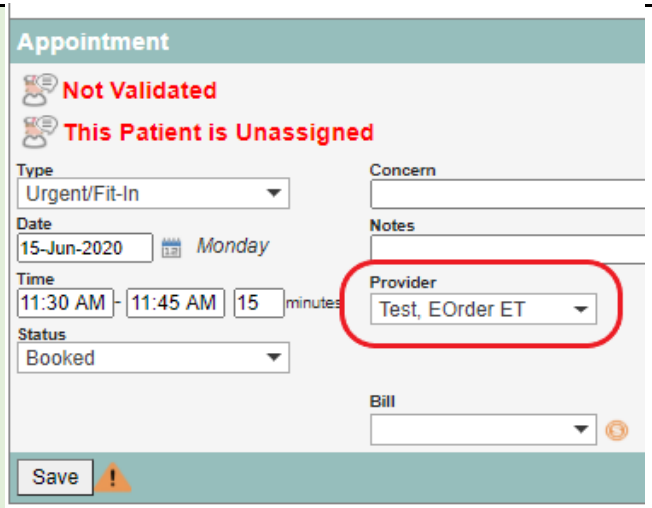
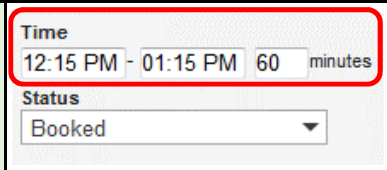
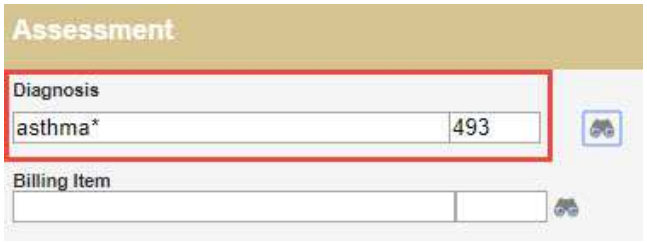
20	Medication Route	Fields: Route 
21	Medication Prescription Date	Fields: Start Date(?) 
.	PROVIDER	
22	Provider Role	
23	Provider First Name	
24	Provider Middle Name	
25	Provider Last Name	

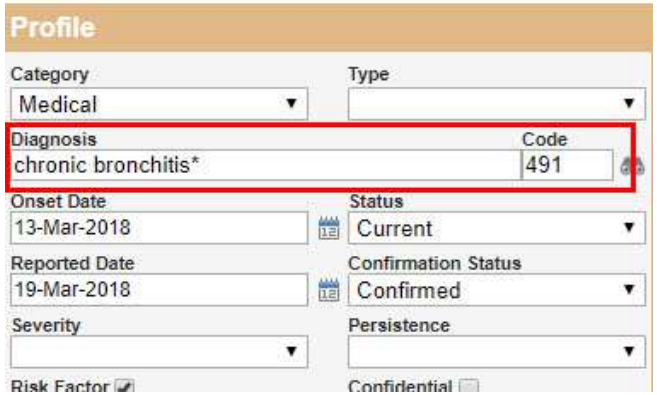
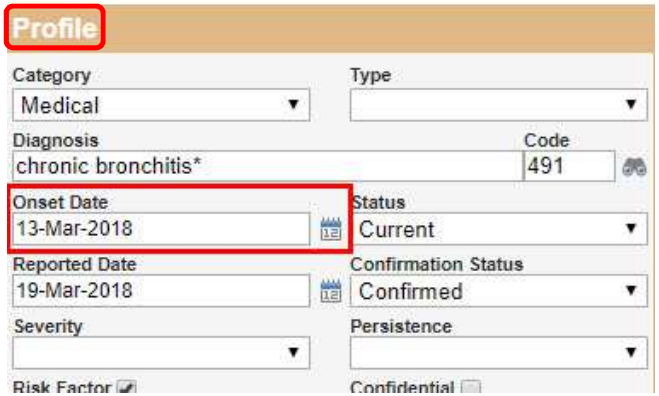
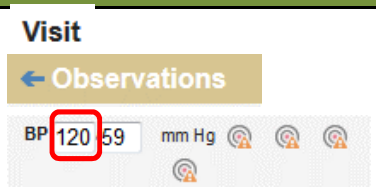
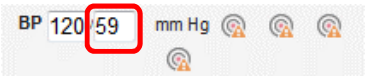
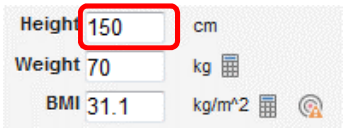
26	Provider Identifier	
27	Provider Identifier Type	
28	Provider Identifier Assigning Authority	
29	Submitting Site Identifier	Back end data only
30	Submitting Site Name	Back end data only
.	POSSIBLE ALLERGIES AND INTOLERANCES	
31	Drug Allergen	
32	Drug Intolerance	

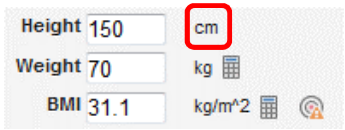
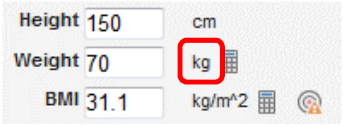
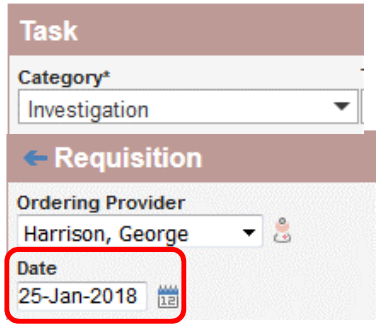
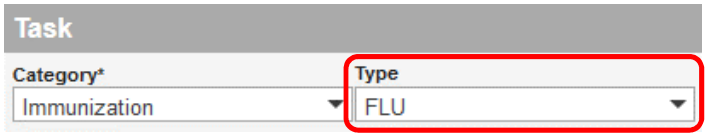
33	Non-Drug Allergen	
34	Non-Drug Intolerance	
35	Severity	
36	Date of Reaction	
37	Date Reported	
38	Confirmation Status	
.	SERVICE DELIVERY LOCATION	
39	Service Delivery Location Identifier	

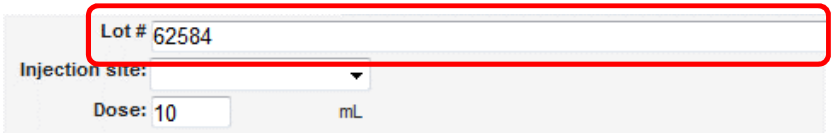
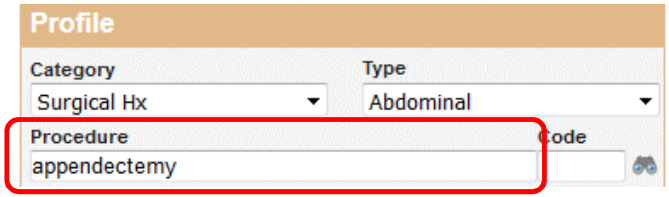
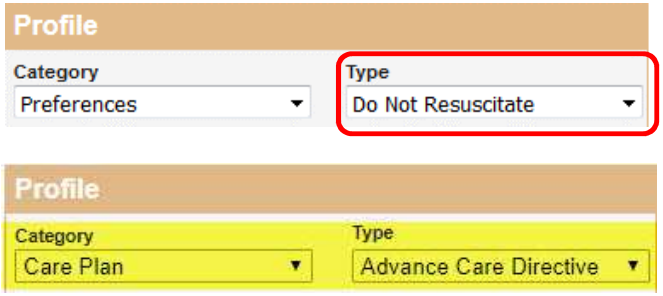
40	**Service Delivery Location Name**	
41	**Service Delivery Location Type of Service**	
42	**Service Delivery Street Address**	
43	**Service Delivery City/Town**	
44	**Service Delivery Province**	
45	**Service Delivery Postal Code**	

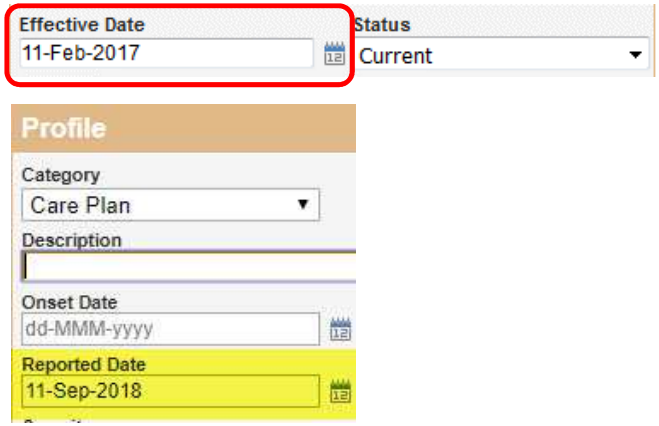
46	Service Delivery Phone Number	
47	Service Delivery Fax Number	
.	ENCOUNTER	
48	Encounter Start Date	
49	Encounter Appt Creation Date	Back end data only
50	Encounter Billing Code	
51	Appointment Status	

52	Appointment Provider	
53	Appointment Date Time	
54	Encounter/Visit Health Concern (Diagnosis)	
.	CONDITIONS	

55	**Medical Profile Diagnosis**	
56	**Medical Profile Diagnosis Date of Onset**	
.	**OBSERVATIONS**	
57	**Systolic Blood Pressure**	
58	**Diastolic Blood Pressure**	
59	**Height**	

60	**Height Unit Of Measure**	
61	**Weight**	
62	**Weight Unit Of Measure**	
.	**DIAGNOSTIC ORDERS**	
63	**Investigation Ordered Date**	
64	**Investigation Category, Type, Description, Reason and Date**	The decision here was to pull the title of the requisition sent and date
.	**IMMUNIZATIONS**	
65	**Vaccine Administered Name**	

66	Vaccine Administered Recorded Date	
67	Vaccine Administered Lot Number	
.	SURGICAL HISTORY	
68	Surgical Procedure	
.	ADVANCE DIRECTIVES	
69	Advance Directive Type	

70	**Advance Directive Type Last Modified**	
.	**Consults**	
71	**Consult Category, Type, Description, Reason and Date**	The decision here was to pull the title of the requisition sent and date
72	**Consult Ordering Provider, Service Provider, Appt Date, App Time, Date, Time.**