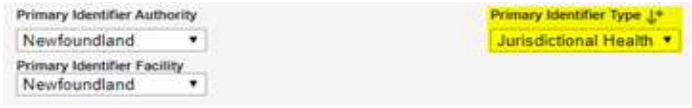
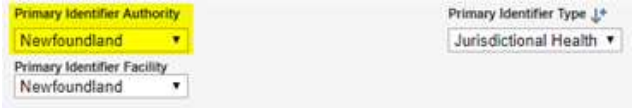
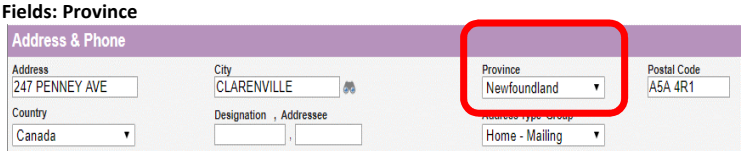
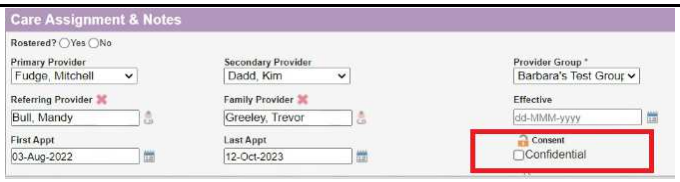
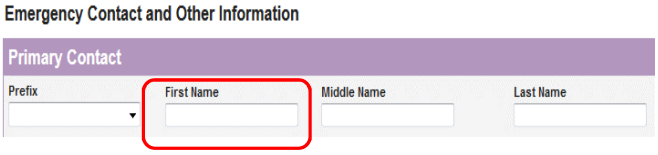
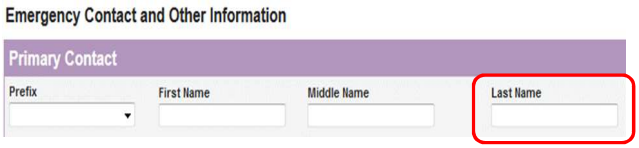
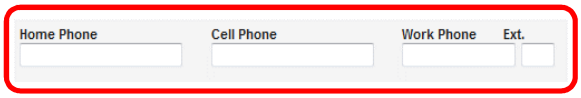
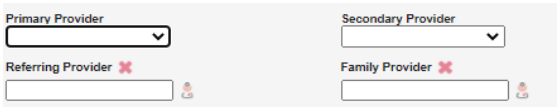
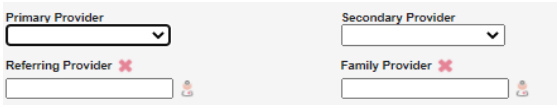
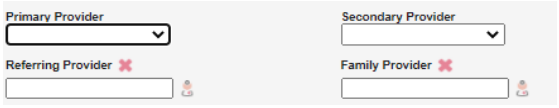
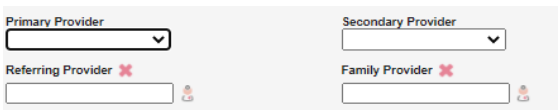
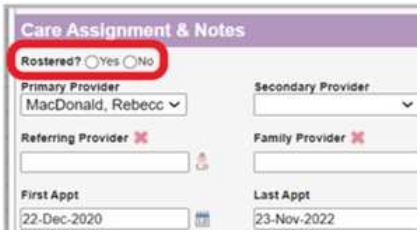
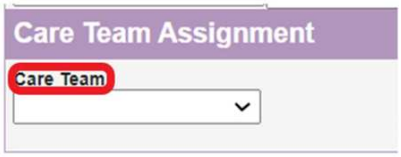
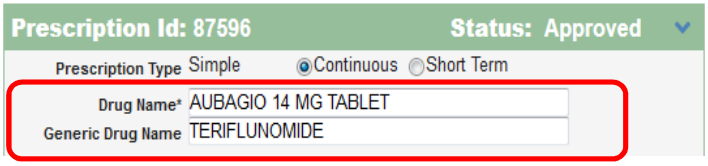
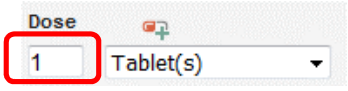
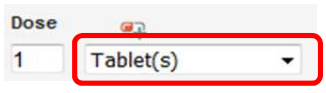
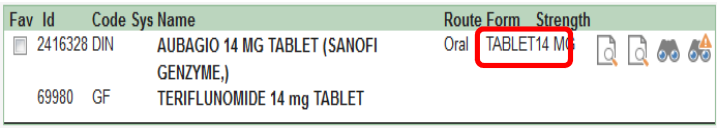
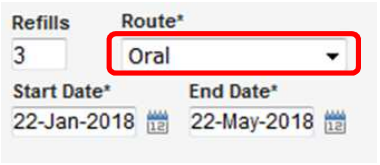
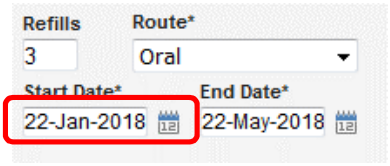
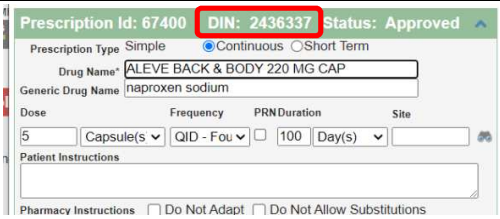
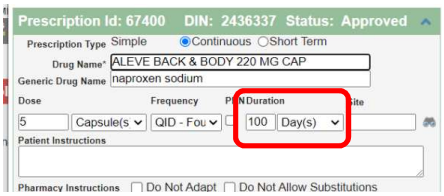
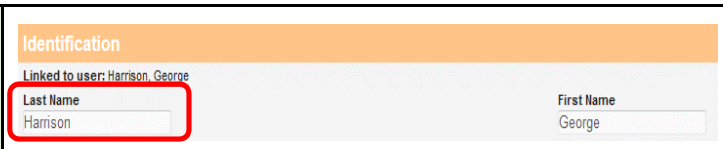
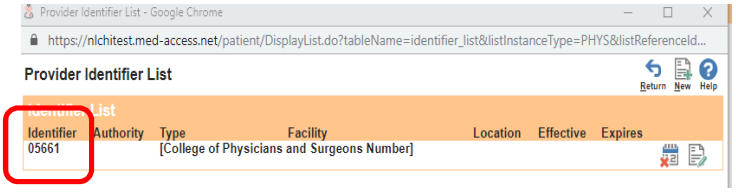
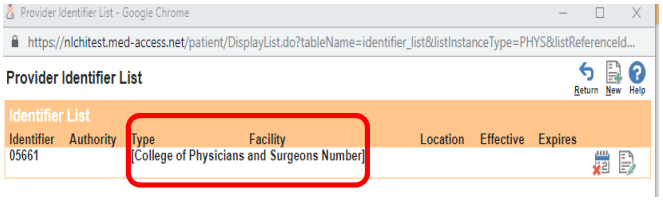
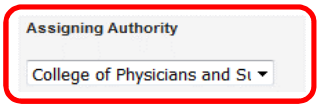
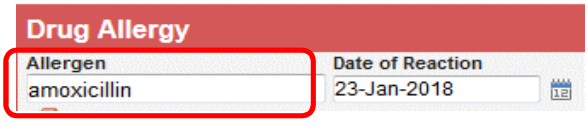
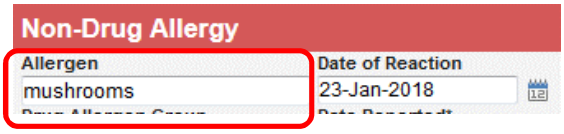
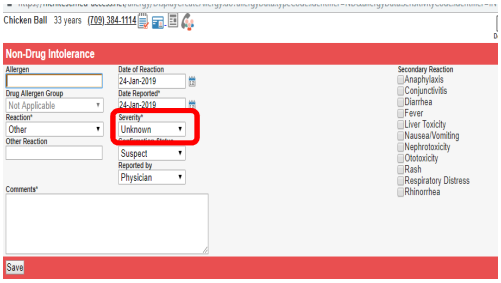
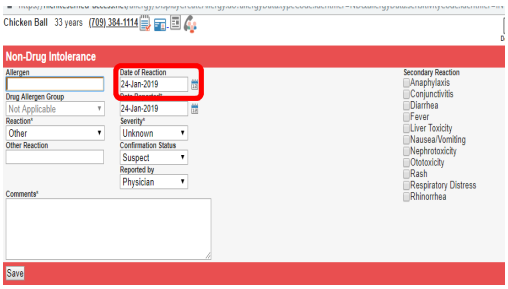
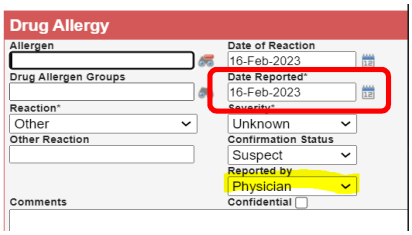
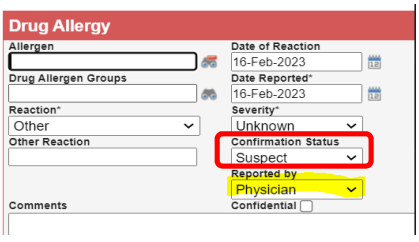
ID	Discrete Element (From EMR/Med Access)	Med Access Source Location Screenshot
.	**PATIENT**	
1	**Primary Identifier**	**Fields: Primary Identifier Number**
2	**Primary Identifier Type**	
3	**Primary Identifier Authority**	
4	**Patient Status**	**Fields: Status**
5	**Client Street Address**	**Fields: Address**
6	**Client City/Town**	**Fields: City**
7	**Client Province**	**Fields: Province** 
8	**Client Postal Code**	**Fields: Postal Code**
9	**Client Contact Phone**	

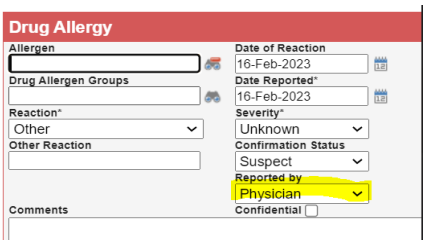
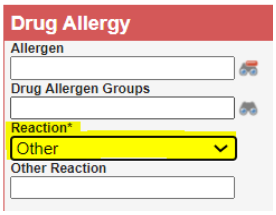
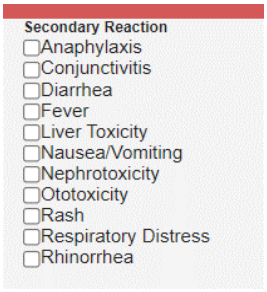
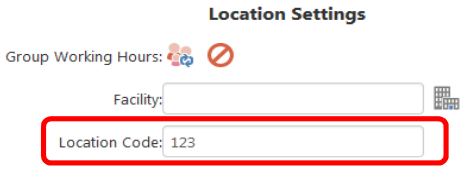
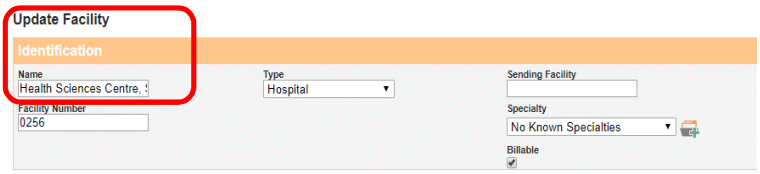
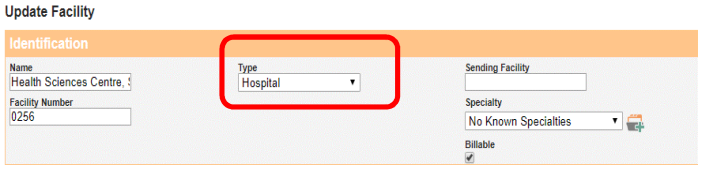
10	**Client Birthdate**	
11	**Confidential Status**	
12	**Emergency Contact First Name**	**Fields: First Name** 
13	**Emergency Contact Last Name**	**Fields: Last Name** 
14	**Emergency Contact Telephone**	**Fields: Either Home Phone, Cell Phone, or Work Phone.** 
15	**Primary Provider**	
16	**Secondary Provider**	
17	**Family Provider**	
18	**Referring provider**	

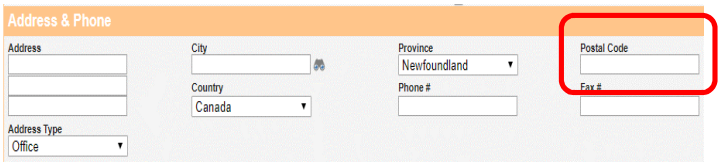
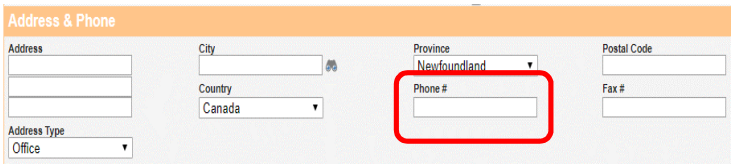
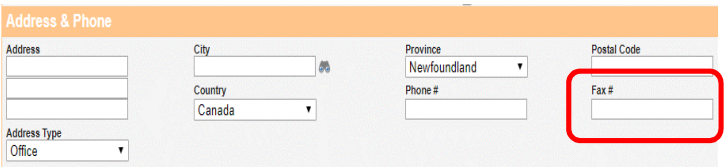
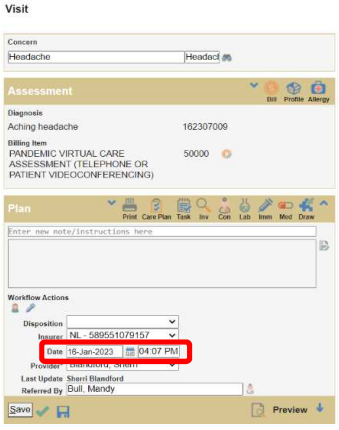
19	**Communication**	**This is not included in EMR data currently except in the case of an immigrant**
20	**Rostered**	
21	**Provider Group**	
22	**Care Team**	
.	**PRESCRIBED MEDICATIONS**	
23	**Medication Prescribed Name**	**Fields: Drug Name and Generic Drug Name** 
24	**Medication Dosage**	**Fields: Dose** 
25	**Medication Dosage Unit of Measure**	**Fields: Dose** 

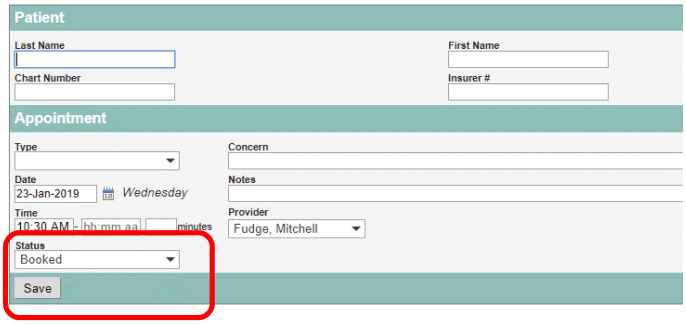
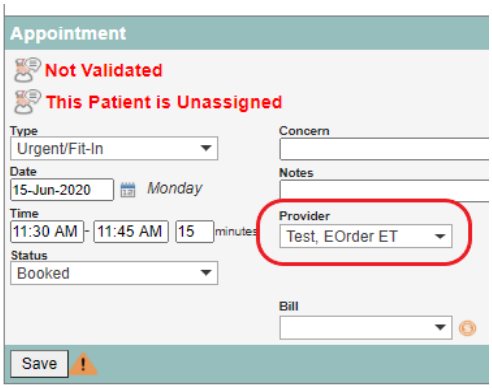
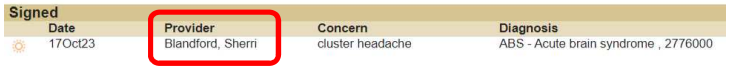
26	**Medication Form**	**Fields: Form** 
27	**Medication Frequency**	**Fields: Frequency and PRN (when necessary)**
28	**Medication Route**	**Fields: Route** 
29	**Medication Prescription Date**	**Fields: Start Date(?)** 
30	**Medication Status**	
31	**Drug Number/Code**	
32	**Duration**	
.	**PROVIDER**	
33	**Provider Role**	

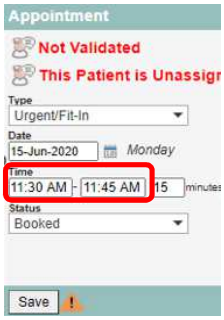
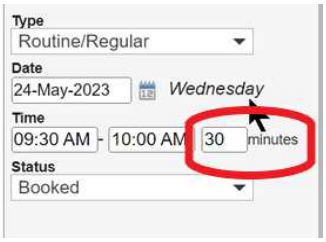
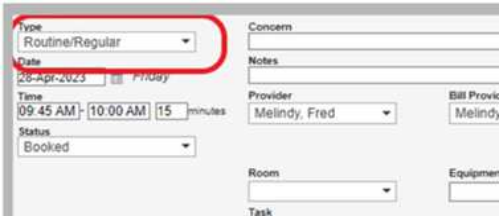
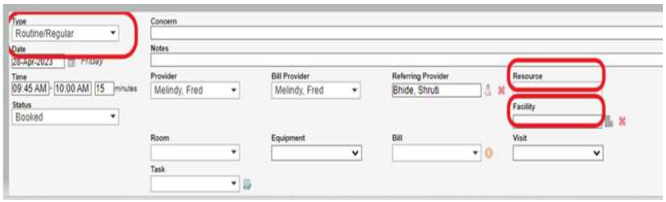
34	**Provider First Name**	
35	**Provider Middle Name**	
36	**Provider Last Name**	
37	**Provider Identifier**	
38	**Provider Identifier Type**	
39	**Provider Identifier Assigning Authority**	
40	**Submitting Site Identifier**	**Back end data only**
41	**Submitting Site Name**	**Back end data only**
.	**POSSIBLE ALLERGIES AND INTOLERANCES**	
42	**Drug Allergen**	
43	**Drug Intolerance**	

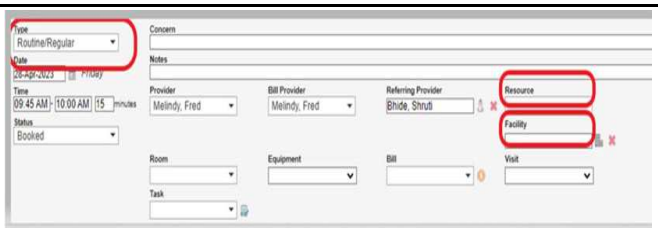
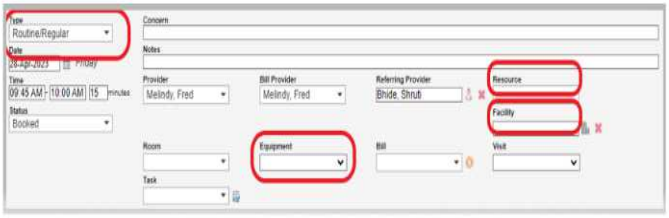
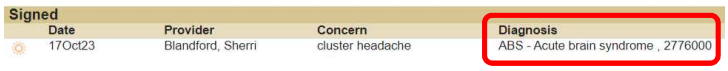
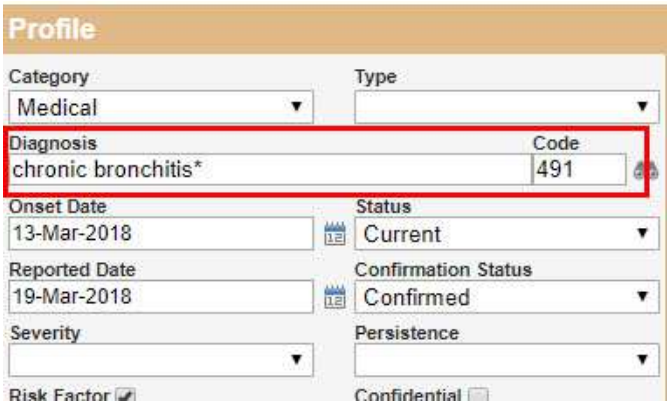
44	**Non-Drug Allergen**	
45	**Non-Drug Intolerance**	
46	**Severity**	
47	**Date of Reaction**	
48	**Date Reported**	
49	**Confirmation Status**	

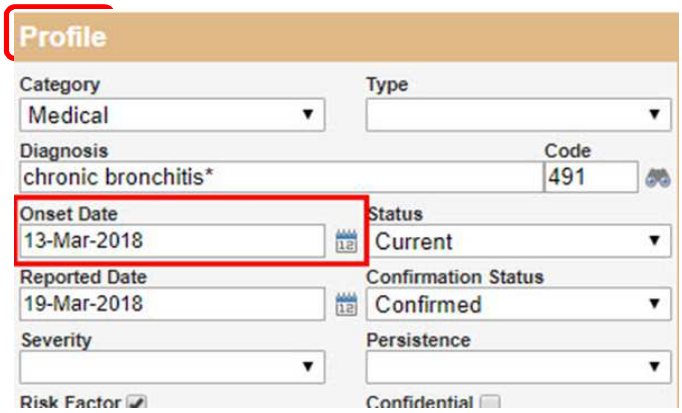
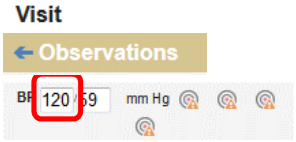
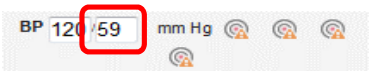
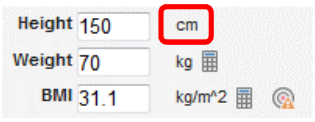
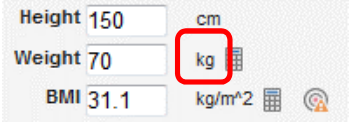
50	Allergy Asserter	Could be flagged as being from EMR when information stored in Data Lab and indicated when PS generated 
51	Reaction	
52	Nature of reaction	Would involve taking the "Other Reaction" and "Secondary Reaction" fields 
.	SERVICE DELIVERY LOCATION	
53	Service Delivery Location Identifier	Possibly using internal Telus Facility ID for consistency 
54	Service Delivery Location Name	
55	Service Delivery Location Type of Service	

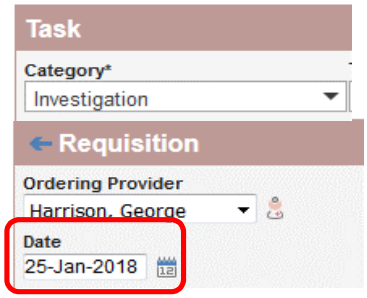
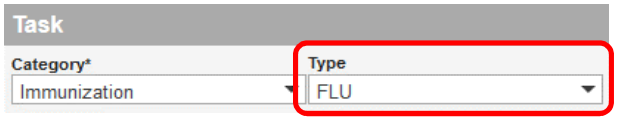
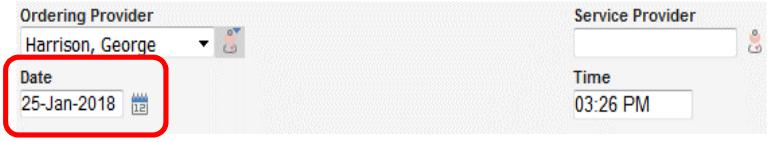
56	**Service Delivery Street Address**	
57	**Service Delivery City/Town**	
58	**Service Delivery Province**	
59	**Service Delivery Postal Code**	
60	**Service Delivery Phone Number**	
61	**Service Delivery Fax Number**	
.	**ENCOUNTER/VISIT**	
62	**Encounter Start Date**	**Getting hidden start date (effective date) and end date (signed date) as well as encounter/visit date** 
63	**Encounter Appt Creation Date**	**Back end data only**

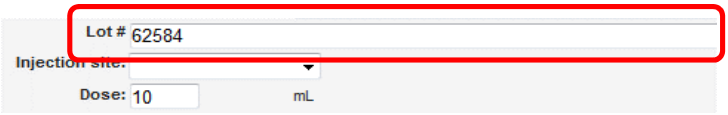
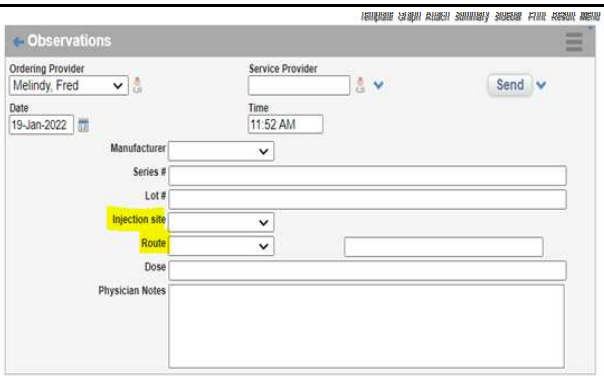
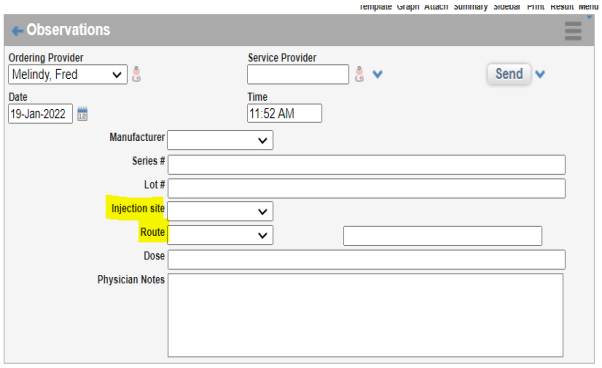
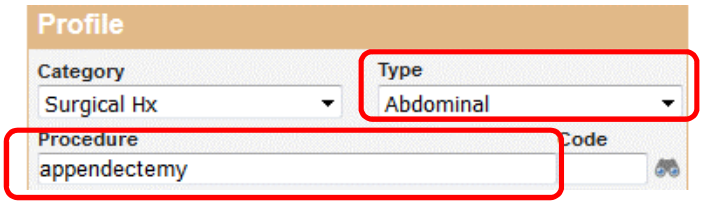
64	**Encounter Billing Code**	**Under review**
65	**Billing Code Status**	**Under review**
66	**Appointment Status**	
67	**Appointment Provider**	
68	**Encounter Provider**	

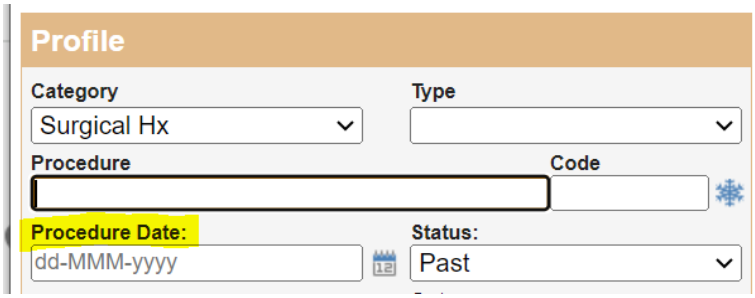
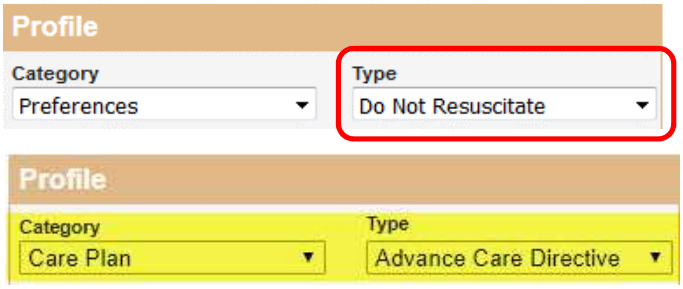
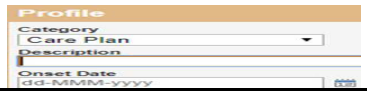
69	**Appointment Date Time**	
70	**Appointment Patient ID - MedAccess ID**	**Patient MedAccess ID Field**
71	**Appointment Duration**	
72	**Appointment Type**	
73	**Appointment Resource**	

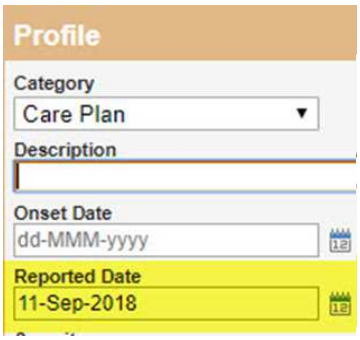
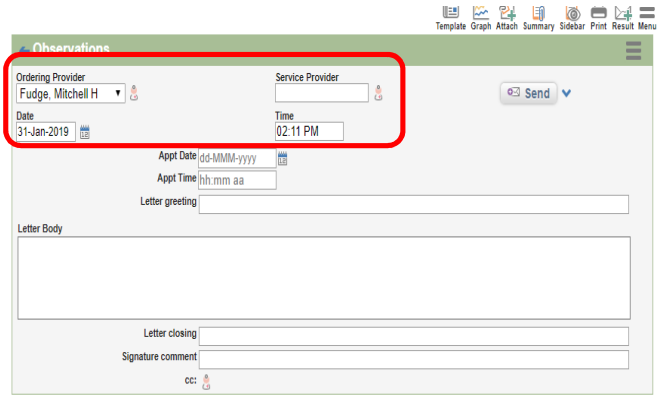
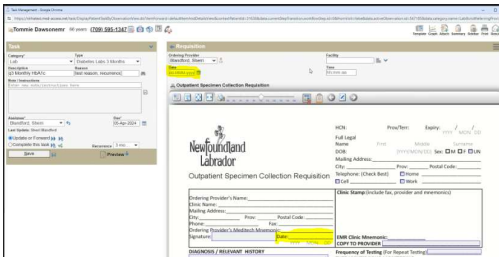
74	**Appointment Facility**	
75	**Appointment Equipment**	
76	**Encounter/Visit ~~Health Concern~~ (Diagnosis)**	
77	**Encounter Status**	
.	**CONDITIONS**	
78	**Medical Profile Diagnosis**	

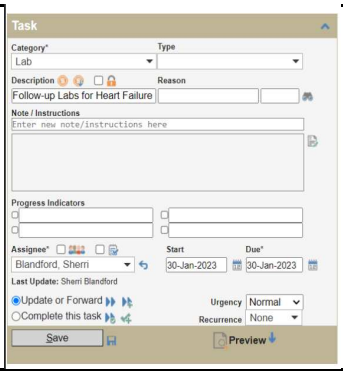
79	Medical Profile Diagnosis Date of Onset	
80	Condition Asserter (Who recorded the condition)	Telus to provide which provider recorded the condition from backend
.	OBSERVATIONS	
81	Systolic Blood Pressure	
82	Diastolic Blood Pressure	
83	Height	
84	Height Unit Of Measure	
85	Weight	
86	Weight Unit Of Measure	

87	Status	This is a back end requirement to trasnmit the FHIR message
88	Date Collected	This is back end data and could be collected from the date of the task or visit wherein the vitals were collected
.	DIAGNOSTIC ORDER/INVESTIGATIONS - REQUESTS ONLY as Results would be in Meditech (see also Lab) - visit	
89	Investigation Ordered Date	
90	Investigation Category, Type, Description, Requisition Type (NEW), Reason and ~~Date~~	
91	Ordering Provider (NEW)	
.	IMMUNIZATIONS	
92	Vaccine Administered Name	
93	Vaccine Administered Recorded Date	

94	Vaccine Administered Lot Number	
95	Status	This is a back end requirement to trasnmit the FHIR message
96	PRIMARY SOURCE	This is a back end requirement to trasnmit the FHIR message
97	Vaccination (Injection) Site	
98	Vaccination Route	
99	Vaccinator	Back end data -"task owner"
	SURGICAL HISTORY - no visit	
100	Surgical Procedure/Description and Type (NEW)	

102	Date of procedure	
.	ADVANCE DIRECTIVES - no visit	
102	Advance Directive - Type	
103	Advance Directive - Effective/Onset Date	

105	**Advance Directive - Reported Date (NEW)**	
.	**Consults - visit**	
104	**Consult Category, Type, Description, Requisition Type (NEW), Reason and Date**	
105	**Consult Ordering Provider, Service Provider, ~~Appt Date, App Time~~, Date, Time.**	
	LAB ORDERS - REQUESTS ONLY as Results would be in Meditech (see Diagnostic Orders/Investigations)- visit	
106	**Lab/Investigation Ordered Date**	

107	**Lab Category, Type, Description, Reason, Requisition Type (NEW) and ~~Date~~**			
108	**Ordering Provider (NEW)**			0