Patient—date form signed, date DDMMYYYY

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY4.0 (CC BY4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Patient—date form signed, date DDMMYYYY

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Date form signed
METEOR identifier:	568628
Registration status:	Indigenous, Standard 05/12/2017
Definition:	The date on which an authorised person signs a patient's form, expressed as DDMMYYYY.
Data Element Concept:	Patient—date form signed
Value Domain:	Date DDMMYYYY

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Source and reference attributes

Submitting organisation:	Department of Health
	2 optimient of the data t

Australian Institute of Health and Welfare

Relational attributes

Related metadata references:	See also <u>Patient—form signed indicator, yes/no code N</u> <u>Indigenous</u> , Standard 05/12/2017
Implementation in Data Set Specifications:	Closing the Gap/Child Health Check Initiative: Ear, nose and throat operation summary form DSS Indigenous, Standard 05/12/2017 Conditional obligation:
	Conditional on a 'yes' response to Patient—form signed indicator, yes/no code N.
	DSS specific information:
	This data alarcent is used to record the data the CNT Or cratics surgery forms used

This data element is used to record the date the ENT Operation summary form was completed and signed by the health-care professional.