

© Australian Institute of Health and Welfare 2024

This product, excluding the AlHW 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 BY 4.0 (CC BY 4.0) 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 AlHW 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

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Source and reference attributes

Submitting organisation: Department of Health

Australian Institute of Health and Welfare

Relational attributes

Related metadata See also Patient—form signed indicator, yes/no code N

Indigenous, Standard 05/12/2017 references:

Specifications:

Implementation in Data Set 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 element is used to record the date the ENT Operation summary form was

completed and signed by the health-care professional.