# Fields gathered — and those that are not

LINDBERGH FORMATION — 16 rue de Maillé, 91310 Montlhéry, France · Companies register (RCS) Evry 817 946 114

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18 fields open, 9 deliberately closed · fictional document

> **Fictional document — demonstration example**
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> **Fictional document**, produced for the demonstration. **The second list is the one that commits the centre.** The nine closed fields are technically reachable in the practice software: they are not opened to the agent, and that list is what proves minimisation — not a statement of intent.

## The 18 open fields

| Field | Nature | Why it is needed |
|---|---|---|
| **Reason as stated** | **Full text, untransformed** | **It is what the practitioner must read, not a summary** |
| Requester's identity | Administrative | Attaches the request to the record |
| Patient known or not | Administrative | Determines the circuit |
| Usual practitioner | Administrative | First key to the referral |
| Date of last consultation | Administrative | History provided for in the protocol |

| Field | Nature | Why it is needed |
|---|---|---|
| Number of consultations | Administrative | History provided for in the protocol |
| Treatment changed since the last prescription | Declared, closed question | **Separates short and long consultation** |
| Long-term condition scheme | Administrative | Funding circuit |
| Registered GP declared | Administrative | Reimbursement condition |
| Health card up to date | Administrative | Avoids a call-back on the day |
| Availability given | Declared | Three real slots |
| Channel, date and time of arrival | Trail | Logging |
| *… and 6 further administrative fields, set out in the full table* | — | Contact details, preferred contact method, accompanying third party, transport, language, accessibility |

## The 9 deliberately closed fields

| Field available in the software | Closed to the agent | Reason |
|---|---|---|
| **Medical history** | **Yes** | **No administrative use — opening it would add nothing and expose everything** |
| **Current treatments, in detail** | **Yes** | The referral does not depend on the molecule |
| Test results | Yes | No protocol rule depends on them |
| Specialists' letters | Yes | Belong to the record, not to the front desk |
| Consultation notes | Yes | Likewise |
| Prescription history | Yes | Likewise |



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| Field available in the software | Closed to the agent | Reason |
|---|---|---|
| Detailed billing data | Yes | Handled by the administrative officer |
| Patient–practitioner correspondence | Yes | **Its confidentiality has no reason to be shared with the front desk** |
| Practitioner's personal notes | Yes | **They have no recipient at all, the agent least of any** |

## What becomes of clinical free text

| Operation | Done? | Detail |
|---|---|---|
| Copied word for word, time-stamped | **Yes** | In quotation marks, in the “reason as stated” field |
| Passed to the practitioner in full | **Yes** | **Average 1 min 40 against 2 h 50 before** |
| Summarised | **No** | A summary is already an interpretation |
| Sorted, labelled, scored | **No** | No degree of urgency is computed from symptoms |
| Searched for clinical keywords | **No** | **Only the 14 formulations of the urgent circuit, listed by the lead physician, are matched** |

> **1,480 requests contained clinical free text over the quarter.** All of them went to the practitioner concerned, in full, in **1 minute 40** on average. **This is the one place where administrative speed serves the patient directly.**

## For the centre to set

Closed fields whose opening would be requested, and for what use: _____



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