

Week – 5

Aim: To Make a form using HTML/CSS and connect it using php and query that database using SQL.

```
<!DOCTYPE html>
```

```
<html>
```

```
<body>
```

```
<h3>CONSULTATION</h3><hr />
```

```
<font size="4">Please fill the details in this online form to get consultation via email.
```

```
<br />
```

```
(For patients already registered with us)
```

```
<br /><br />
```

```
</font>
```

```
Note:- Before you start with the form, be ready with your Hospital Registration Number. <br />
```

```
It will be used to understand your disease history and also to verify the patient. In case of non-availability a fee of 100 Rs/- will be subjected upon the patient.<br />
```

```
In order to process your consultation request a fee will be required to be submitted in advance. <br />
```

```
If the personal details are found to mismatch, than your request will be aborted and money will be returned back to the same account holder after a 10% cut.
```

```
<form id="consultForm" name="consultForm" method="POST" enctype="multipart/form-data" action="submitConsultation.php" autocomplete="on">
```

```
<h4>PERSONAL DETAILS</h4>
```

```
First Name: <input type="text" name="fname" placeholder="John" id="textfield" />
```

```
Middle Name: <input type="text" name="mname" id="textfield2" />
```

```
Last Name: <input type="text" name="lname" placeholder="Smith" id="textfield3" />
```


Date of Birth: <input type="date" name="dob" placeholder="31-12-1950" required id="textfield4" />

Age: <input type="number" name="age" placeholder="63" min="1" max="120" required id="textfield6" />

Nationality: <input type="text" name="nation" placeholder="Indian" required id="textfield7" />

Registration Number: <input type="number" name="registration" maxlength="10" required id="textfield8" />

Telephone: <input type="number" name="phone" placeholder="9012345678" maxlength="10" required id="textfield9" />

Email: <input type="email" name="email" placeholder="JohnSmith@email.com" required id="textfield10" />

<h4>DISEASE DETAILS</h4>

Disease Categorisation: <input type="text" name="disease" placeholder="cardiac/diabetes/skin/gastric/etc." required id="textfield11" />

Main Symptoms (not more than 500 words): <textarea rows="5" cols="100" maxlength="500" name="symptoms"

placeholder="Explain when the problem started, how it progressed, if any sensation of pain and any other related problem like -GastricRespiratory/Circulatory/Blood /Nervous/ Urinary, Renal/Hormonal/Reproductive/ Joints or Muscles etc."

id="textfield12" ></textarea>

Diagnostic Reports (only in PDF format supported) : <input type="file" name="report" accept="application/pdf">

<input type="submit" name="button" id="button" value="Submit" />

</form>

```
<?php
$doctor=$_POST["doctor"];
$field=$_POST["field"];

if(!$ _POST["doctor"] || !$ _POST["field"]) {
    die('Data Insufficient');
}

$servername = "localhost";
$username = "root";
$password = "";
$dbname = "hms";
$tablename = "department";

// Create connection
$con = new mysqli($servername, $username, $password, $dbname);

// Check connection
if ($con->connect_error) {
    die("Connection failed: " . $con->connect_error);
}

$sql = "INSERT INTO $tablename (name, field) VALUES ('$doctor', '$field')";

if ($con->query($sql) === TRUE) {
    echo "Wonderful! " . $doctor . ", an expert in " . $field . " field, is now a part of our
Hospital.";
} else {
    echo "Oh Gosh! Error: " . $sql . "<br />" . $con->error;
}
```

```
$con->close();
```

```
?>
```

```
</body>
```

```
</html>
```

Output:

The screenshot shows a web browser window with the URL `localhost/hms-master/`. The page title is "Welcome to Hospital Management System". The page layout includes a green header bar with the title, a left sidebar with navigation links, and a main content area with a consultation form.

Navigation Links (Left Sidebar):

- Home
- What is HMS?
- Our Mission
- Services

CONSULTATION

Please fill the details in this online form to get consultation via email.
(For patients already registered with us)

Note:- Before you start with the form, be ready with your Hospital Registration Number.
It will be used to understand your disease history and also to verify the patient. In case of non-availability a fee of 100 Rs/- will be subjected upon the patient.
In order to process your consultation request a fee will be required to be submitted in advance.
If the personal details are found to mismatch, than your request will be aborted and money will be returned back to the same account holder after a 10% cut.

PERSONAL DETAILS

First Name: Middle Name: Last Name:

Date of Birth: ☐ Age: Nationality:

Registration Number:

Telephone: Email:

DISEASE DETAILS

Disease Categorisation:

Explain when the problem started, how it progressed, if any sensation of pain and any other related problem like -Gastric/Respiratory/Circulatory/Blood /Nervous/ Urinary, Renal/Hormonal/Reproductive/

News Update: New Facilitie