



Institute of Health
Management Research

Heart Care Connect

A Digital Collaboration between IIHMR Bangalore and
Heart Health India Foundation

Awareness

Emergency

Coaching



Patient Support and Community Management System



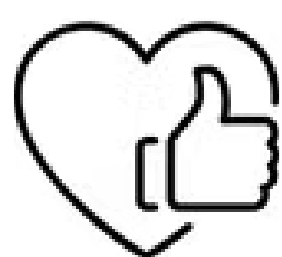
Dil Se Dil Ki Baat

OUR VISION



Empowering individuals to live a
safe and heart-healthy life.

OUR MISSION



To transform heart health by educating
and empowering individuals, providing
support to those in need, researching
and advocating for patient-centric
ecosystem.



<http://hearthealthindia.org>

Patient Registration Form

First Name

15 Character

Middle Name

15 Character

Last Name

15 Character

Age

Gender

Male Female Other

Contact No

Email ID(Optional)

30 Character

City & State

30 Character

Are you enrolling for self or a
relative?

☒ Self ☐ Relative

Have you/ your relative ever been
diagnosed with a heart condition?

☒ Yes ☐ No

Have you/ your relative undergone
any heart-related procedure or
surgery in the past?

☒ Yes ☐ No

Are you/ your relative currently
experiencing any symptoms that
might require immediate medical
attention (e.g., chest pain, shortness
of breath)?

☐ Yes ☒ No

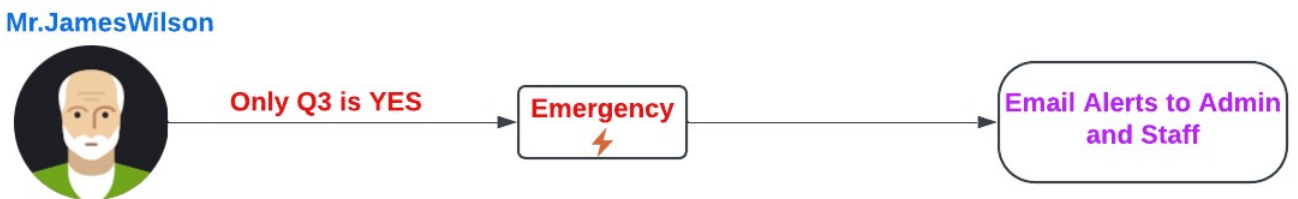
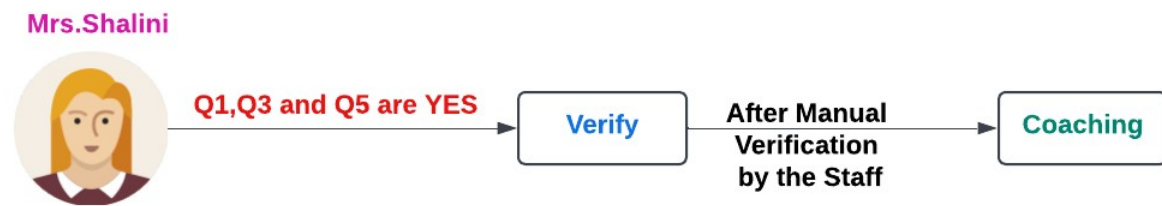
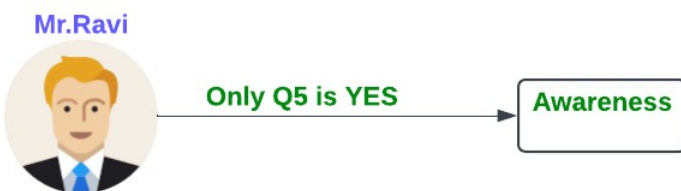
Are you/ your relative currently
undergoing any rehabilitation or
post-surgery care for your/relative's
heart?

☐ Yes ☒ No

Are you/ your relative looking for
general heart health awareness and
preventive tips?

☒ Yes ☐ No

SUBMIT



PATIENT NAME	Q1	Q2	Q3	Q4	Q5	OUTPUT
Mr Ravi	No	No	No	No	Yes	Awareness
Mrs Shalini	Yes	Yes	Yes	Yes	Yes	<div>Need to be Verified</div> <div>↓</div> <div>After verification</div> <div>Coaching</div>
Mr Thomas	no	No	Yes	No	No	Emergency

STAFF LOGIN

User ID

Password

Login

Institute of Health
Management Research

HEART CARE CONNECT

	Mobile No.	Name	Date of Registration	Time of Registration	Algorithm Output	Action		Date of Approval	Time of Approval
						To Verify	To Allocate		
	1 Mob no.	Name	DD-MM-YY	00:00 IST	Awareness	<input type="checkbox"/>	<input type="checkbox"/>	DD-MM-YY	00:00 IST
	2 Mob no.	Name	DD-MM-YY	00:00 IST	Emergency +	<input type="checkbox"/>	<input type="checkbox"/>	DD-MM-YY	00:00 IST
	3 Mob no.	Name	DD-MM-YY	00:00 IST	Coaching	<input type="checkbox"/>	<input type="checkbox"/>	DD-MM-YY	00:00 IST
	4 Mob no.	Name	DD-MM-YY	00:00 IST	To Verify	<input type="checkbox"/>	<input type="checkbox"/>	DD-MM-YY	00:00 IST
	5 Mob no.	Name	DD-MM-YY	00:00 IST	Spam	<input type="checkbox"/>	<input type="checkbox"/>	DD-MM-YY	00:00 IST

