

# Patient Information System

## CODE

### **login.html**

```
<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta http-equiv="X-UA-Compatible" content="IE=edge">

<meta name="viewport" content="width=device-width,
initial-scale=1.0">

<title>Document</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<div class="form-container">

<h1>Apollo International Hospital</h1>

<div class="input-container">

<div class="elem">

<input type="text" id="first_name" placeholder="first
name">

<input type="text" id="second_name"
```

```

placeholder="second name">

</div>

<div class="elem"><input type="email" id="EMail"

placeholder="email"> <input type="password" id ="Password"

placeholder="password"> </div>

<div class="elem">

<button id="go">submit</button>

</div>

</div>

</div>

<script src="./script.js"></script>

</body>

</html>

```

## login.js

```

let submitBtn = document.querySelector("#go")

submitBtn.addEventListener('click',()=>{

if(validation())

window.location.href = "./registration/registration.html"

else

console.log(false);

})

function validation() {

var fname =

document.getElementById("first_name").value;

```

```

var lname =
document.getElementById("second_name").value;

var email =
document.getElementById("EMail").value;

var password =
document.getElementById("Password").value;

var regName = /\d+$/g;

if (fname == "" || regName.test(fname)) {
window.alert("Please enter your name properly.");
fname.focus();
return false;
}

if (lname == "" || regName.test(lname)) {
window.alert("Please enter your name properly.");
lname.focus();
return false;
}

if (email == "") {
window.alert("Please enter a valid e-mail address.");
email.focus();
return false;
}

if (password == "") {
alert("Please enter your password");

```

```
password.focus();  
  
return false;  
  
}  
  
if(password.length <6){  
  
alert("Password should be atleast 6 character long");  
  
password.focus();  
  
return false;  
  
}  
  
return true;  
  
}
```

## **login.css**

```
body {  
  
font-family: system-ui, -apple-system, BlinkMacSystemFont, 'Segoe UI',  
Roboto, Oxygen, Ubuntu, Cantarell, 'Open Sans', 'Helvetica Neue',  
sans-serif;  
  
background-image:  
  
url('./national-cancer-institute-NFvdKIhxYIU-unsplash.jpg');  
  
background-repeat:no-repeat;  
  
background-size: cover;  
  
margin: 0;  
  
color: #f1faee;  
  
}  
  
h1{  
  
color: rgb(4, 192, 255);
```

```
font-size: 2.5rem;

}

nav {

position: absolute;

top:0;

width:100vw;

margin: 0;

padding: 0;

color:white;

font-size: 1.5rem;

}

nav li{

display: inline;

margin-inline:2em;

}

.form-container{

margin:0 2rem;

width:55vw;

height:90vh;

display: flex;

flex-direction: column;

justify-content: flex-end;

}

.input-container {
```

```
display: flex;

flex-direction: column;

gap: 2rem;

}

input{

background-color: rgb(13, 39, 87);

font-size: 1.4rem;

padding: 0.4em;

margin-block: 1em;

border-radius: 7px;

color: azure;

border: none;

}

button{

background-color: rgb(13, 39, 87);

font-size: 1.4rem;

padding: 0.4em;

margin-block: 1em;

border-radius: 7px;

color: azure;

border: none;

width: 45%;

}

button:hover{
```

```

cursor: pointer;

background-color: rgb(154, 218, 218);

color: rgb(29, 29, 104);

}

input::placeholder{

color:rgba(240, 248, 255, 0.658)

}

```

## Registration.html

```

<html>

<head>

<title>validation</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<h1>Registration Form</h1>

<div class="form-container">

<!-- <form name="RegForm" onsubmit= " return checker()"

method="post"> -->

<label>

<p>Patient Name : <input type="text" id="name" size="65"

name="Name"/></p></label>

<label>

<p>Address : <input type="text" id=address size="65"

name="Address" /></p>

```

```

</label>

<label>

<p>Date of Birth : <input type="date" name="DOB" /></p>

</label>

<label>

<p>blood Group : <input type="text" size="65" name="blood_group"

/></p>

</label>

<label>

<p>Department :<select type="text" value="" id="department"

name="Department">

<option>cardiology</option>

<option>urology</option>

<option>general medicine</option>

</select>

</p></label>

<label>

<p>Doctor Name : <input type="text" name = "Docname" />

</p>

</label>

<label >

<p>Date of consultation : <input type="date" name ="DOC" />

</p>

</label>

```



```
<p>

<button id="btn" onclick="validation()">Submit</button> <button
type="reset">Reset</button>

</div>

<script src="script.js"></script>

</body>

</html>
```

## Registration.css

```
body {

font-family:Arial, Helvetica, sans-serif;

margin-top: 20px;

color: rgb(97, 97, 223);

margin-left: 10px;

font-weight: 800;

background-color: #f1faee;

}

h1{

color: #e63946;

font-size: 2.5rem;

text-align: center;

text-decoration: underline;

}

.input-container {

display: flex;
```

```
flex-direction: column;

gap:2rem;

}

input{

background-color: #a8dadc;

font-size: 1.4rem;

padding: 0.2em;

margin-block:1em;

border-radius: 7px;

color:azure;

border:none;

}

select {

background-color: #a8dadc;

font-size: 1.4rem;

padding: 0.2em;

margin-block:1em;

border-radius: 7px;

color:azure;

border:none;

}

button{

background-color: rgb(13, 39, 87);

font-size: 1.4rem;
```

```
padding:0.4em;

margin-block:1em;

border-radius: 7px;

color:azure;

border:none;

}

button:hover{

cursor: pointer;

background-color: rgb(154, 218, 218);

color: rgb(29, 29, 104);

}

input::placeholder{

color:rgba(240, 248, 255, 0.658)

}

button {

width:45%;

}
```

## Registration.js

```
function validation() {

var name =

document.querySelector('#name')

var department =

document.querySelector('#department')

var address =
```

```

document.querySelector("#address")

let btn =document.getElementById("btn")

let blood =document.getElementsByName("blood_group")

let Dname=document.getElementsByName("Docname")

var regName = /\d+$/g;

if (name.value.trim() == "" || regName.test(name.value)) {

window.alert("Please enter your name properly.");

name.focus();

return false;

}

if (address.value == "") {

window.alert("Please enter your address.");

address.focus();

return false;

}

if (blood == "") {

window.alert("Please enter your blood group.");

address.focus();

return false;

}

if (department.selectedIndex == -1) {

alert("Please enter Department.");

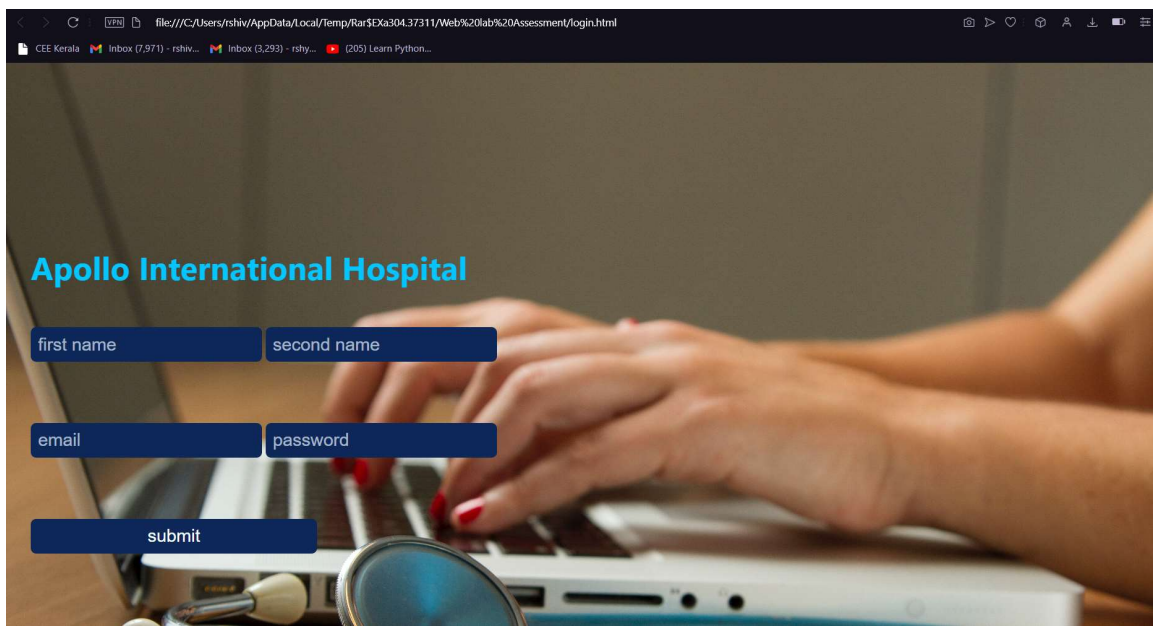
what.focus();

return false;

```

```
}  
  
if (Dname == "" || regName.test(Dname)) {  
    window.alert("Please enter your Doctor name properly.");  
    name.focus();  
    return false;  
}  
  
window.alert("patient Id :12345");  
  
return true;  
}
```

## OUTPUT



## Registration Form

Patient Name :

Address :

Date of Birth :

blood Group :

Department :

Doctor Name :

file:///C:/Users/rshiv/AppData/Local/Temp/Rar\$EXa304.37311/Web%20lab%20Assessment/registration/registration.html

Address :

Date of Birth :

blood Group :

Department :

Doctor Name :

Date of consultation :

Submit

Reset