Customer interaction user interface

Date	18 November 2022
Team ID	PNT2022TMID04305
Project Name	Project – Analytics for Hospitals Health Care Data

Code:

Home.html

```html
<html>
<head>
<!-- Bootstrap CSS -->
<link rel="stylesheet"
href="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/css/bootstrap.min.css"
integrity="sha384-
JcKb8q3iqJ61gNV9KGb8thSsNjpSL0n8PARn9HuZOnIxN0hoP+VmmDGMN5t9UJ0Z"
crossorigin="anonymous">
<script src="https://code.jquery.com/jquery-3.5.1.slim.min.js" integrity="sha384-
DfXdz2htPH0lsSSs5nCTpuj/zy4C+OGpamoFVy38MVBnE+IbbVYUew+OrCXaRkfj"
crossorigin="anonymous"></script>
<script src="https://cdn.jsdelivr.net/npm/popper.js@1.16.1/dist/umd/popper.min.js"
integrity="sha384-
9/reFTGAW83EW2RDu2S0VKaIzap3H66lZH81PoYlFhbGU+6BZp6G7niu735Sk7lN"
crossorigin="anonymous"></script>
<script src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/js/bootstrap.min.js"
integrity="sha384-
B4gt1jrGC7Jh4AgTPSdUtOBvfO8shuf57BaghqFfPlYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>
```

```html
<title>Health Care Data</title>
</head>
<body>
<!-- Java Script -->
<script src="https://code.jquery.com/jquery-3.5.1.slim.min.js" integrity="sha384-
DfXdz2htPH0lsSSs5nCTpuj/zy4C+OGpamoFVy38MVBnE+IbbVYUew+OrCXaRkfj"
crossorigin="anonymous"></script>
<script src="https://cdn.jsdelivr.net/npm/popper.js@1.16.1/dist/umd/popper.min.js"
integrity="sha384-
9/reFTGAW83EW2RDu2S0VKaIzap3H66lZH81PoYlFhbGU+6BZp6G7niu735Sk7lN"
crossorigin="anonymous"></script>
<script src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/js/bootstrap.min.js"
integrity="sha384-
B4gt1jrGC7Jh4AgTPSdUtOBvfO8shuf57BaghqFfPlYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>
<div class="container">
<br>
<!--Form-->
<form action = "{{url_for('predict')}}" method ="POST" >
<fieldset>
<legend style="color: rgb(41, 15, 134);"><b>Health Care data Test
Form</b></legend><br>
<div class="card card-body " style="background-color: rgba(244, 145, 153, 0.56);">
<div class="form-group row">
<div class="col-sm-3">
<label for="hospital_code">Hospital_code</label>
<input type="number" class="form-control" id=hospital_Code"
name="hospital_code" required>
</div>
<div class="col-sm-3">
<label for="age">Age</label>
```

```html
<input type="number" class="form-control" id="age" name="age" required>
</div>
</div>
<br>
<div class="form-group row">
<div class="col-sm">
<label for="dp">Department</label>
<select class="form-control" id="dp" name = "dp" required>
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">Surgery</option>
<option value = "2">TB & Chest disease</option>
<option value = "3">Radiotherapy</option>
<option value = "4">Anesthesia</option>
<option value = "5">Gynecology</option>
</select>
<label for="admission_types">Type of Admission</label>
<select class="form-control" id="toa" name = "toa" required>
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">Emergency</option>
<option value = "2">Trauma</option>
<option value = "3">Urgent</option>
</select>
</div>
<div class="col-sm">
<label for="admission_deposit">Admission_Deposit</label>
<input type="number" class="form-control" id="admission_deposit"
name="admission_deposit" required>
</div>
<div class="col-sm">
<label for="ward_code">Ward_Facility_Code</label>
<select class="form-control" id="ward_code" name="ward_code" required>
```

```html
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">A</option>
<option value = "2">B</option>
<option value = "3">C</option>
<option value = "4">D</option>
<option value = "5">E</option>
<option value = "6">F</option>
</select>
</div>
<div class="col-sm">
<label for="illness">Severity of illness</label>
<select class="form-control" id="illness" name="illness" required>
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">Extreme</option>
<option value = "2">Minor</option>
<option value = "3">Moderate</option>
</select>
</div>
</div>
<br>
<div class="form-group row">
<div class="col-sm">
<label for="ward_type">Ward_Type</label>
<select class="form-control" id="ward_type" name="ward_type"
required>
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">P</option>
<option value = "2">Q</option>
<option value = "3">R</option>
<option value = "4">S</option>
<option value = "5">T</option>
```

```html
<option value = "6">U</option>
</select>
</div>
<div class="col-sm">
<label for="city_code">City_Code_Hospital</label>
<input type="number" class="form-control" id="city_code"
name="city_code" required>
</div>
<div class="col-sm">
<label for="hospital_region_code">Hospital_region_code</label>
<select class="form-control" id="hospital_region_code"
name="hospital_region_code" required>
<option disabled selected value> -- Select an Option -- </option>
<option value = "1">X</option>
<option value = "2">Y</option>
<option value = "3">Z</option>
</select>
</div>
<div class="col-sm">
<label for="bed_grade">Bed Grade</label>
<input type="number" step="any" class="form-control" id="bed_grade"
name="bed_grade" required>
</div>
<div class="col-sm">
<label for="patient_id">patientid</label>
<input type="number" step="any" class="form-control" id="patient_id"
name="patient_id" required>
</div>
</div>
<br>
<div class="form-group row">
```

```html
<div class="col-sm">
<label for="city_code_patient">City_Code_Patient</label>
<input type="number" step="any" class="form-control"
id="city_code_patient" name="city_code_patient" required>
</div>
<div class="col-sm">
<label for="visitor_patient">Visitors with Patient</label>
<input type="number" step="any" class="form-control" id="visitor_patient"
name="visitor_patient" required>
</div>
<div class="col-sm">
<label for="stay">Stay</label>
<input type="text" step="any" class="form-control" id="stay" name="stay"
required>
</div>
</div>
<br>
<div class="form-group">
<input class="btn btn-primary" type="submit" value="Result">
</div>
<!--Prediction Result-->
<div id ="result">
<strong style="color:red">{{result}}</strong>
</div>
</div>
</fieldset>
</form>
</div>
</body>
</html>
```

Output: