

## Customer interaction user interface

Date	17 November 2022
Team ID	PNT2022TMID53225
Project Name	Project – Analytics for Hospitals Health Care Data

### Code:

#### Home.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-
B4gt1jrGC7Jh4AgTPSdUtOBvfO8shuf57BaghqFfPIYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>

    <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/reFTGAW83EW2RDu2S0VKAIZap3H66lZ81PoYlFhbGU+6BZp6G7niu735Sk7lN" crossorigin="anonymous"></script>

<script src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/js/bootstrap.min.js" integrity="sha384-B4gt1jrGC7Jh4AgTPSdUtOBvfO8shuf57BaghqFfPIYxofvL8/KUEfYiJOMMV+rV" crossorigin="anonymous"></script>

<!-- Navbar-->

<nav class="navbar navbar-dark" style="background-color: rgb(13, 102, 87);">

<span class="navbar-brand mb-0 h1">Health Care data Test</span>

</nav>

<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: rgb(194 245 236 / 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>
<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>
        <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>
    <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>
```

</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">

<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>
</div>
</fieldset>
</form>

</div>

</body>
</html>

```

**Output:**

The screenshot shows a web browser window with the address bar displaying 'C:/Users/krishy/Desktop/home.html'. The page title is 'Health Care data Test'. The form is titled 'Health Care data Test Form' and contains the following fields:

- Hospital\_code:** 15520
- Age:** 21
- Department:** Surgery (dropdown)
- Admission\_Deposit:** 2555
- Ward\_Facility\_Code:** A (dropdown)
- Severity of illness:** Extreme (dropdown)
- Type of Admission:** Trauma (dropdown)
- Ward\_Type:** Q (dropdown)
- City\_Code\_Hospital:** 2515
- Hospital\_region\_code:** X (dropdown)
- Bed Grade:** 1
- patientid:** 54154545
- City\_Code\_Patient:** 6545448
- Visitors with Patient:** 2
- Stay:** 20

A blue 'Result' button is located at the bottom left of the form area.