

Customer interaction user interface

Date	17 November 2022
Team ID	PNT2022TMID53212
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/reFTGAW83EW2RDu2S0VKAiZap3H66lZ81PoYlFhbGU+6BZp6G7niu735Sk7lN"
crossorigin="anonymous"></script>
    <script
src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/js/bootstrap.min.js"
integrity="sha384-
B4gt1jrGC7Jh4A4GTPSdU0Bvf08shuf57BaghqFfPlYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>
    <title>Health Care Data</title>
  </head>
  <body style="background-color: rgb(20, 20, 54);">
    <!-- Java Script -->
    <script src="https://code.jquery.com/jquery-3.5.1.slim.min.js"
integrity="sha384-
```

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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-
B4gt1jrGC7Jh4AgTPSdUtOBvf08shuf57BaghqFfPlYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>

    <!-- Navbar-->
    <nav class="navbar navbar-dark" style="background-color: rgb(40, 62,
189);">
        <span class="navbar-brand mb-0 h1">Health Care Data</span><span
class="navbar-brand mb-0 h1">TMID53212</span>
    </nav>
    <div class="container">
        <br>
        <!--Form-->
        <form action = "{{url_for('predict')}}" method = "POST" >
            <fieldset>
                <legend style="color: rgb(255, 255, 255);"><b>Health Care data
Test Form</b></legend>
                <div class="card card-body" style="background-color: rgb(216,
220, 231);">
                    <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">

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        <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>

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<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>
<div class="col-sm">

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        <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">
                                <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>

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        <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:

Health Care Data
TMID53212

Health Care data Test Form

Hospital_code
Age

Department
Admission_Deposit
Ward_Facility_Code
Severity of illness

Type of Admission

Ward_Type
City_Code_Hospital
Hospital_region_code
Bed Grade
patientid

City_Code_Patient
Visitors with Patient
Stay

Result

((result))